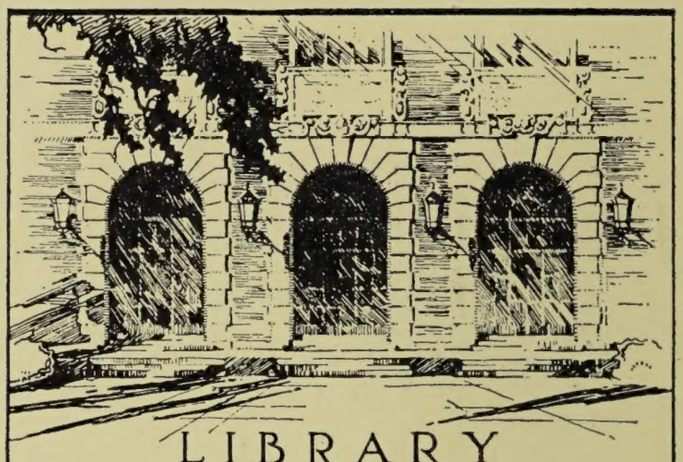


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THE

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VOLUMES I. AND II.

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THE
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ORIGINAL COMMUNICATIONS

WITH THE MAINE TO SOUTH AFRICA*

BY M. EUGÉNIE HIBBARD

Superintending Sister American Hospital Ship Maine

THE American hospital ship Maine left London, England, bound for Cape Town, South Africa, Saturday, December 23, 1899, sailing under three flags, a most unusual occurrence and marking an historical event. The flags flying were the Red Cross, the Union Jack with Red Cross inserted in the centre, and the Stars-and-Stripes. "He who runs may read" of our errand of mercy. Thus decorated, we slowly, almost imperceptibly, drifted from the West India Dock, where preparations for the voyage had been made. Those of our friends and of the cause sufficiently interested to brave the weather—and they were many—bade us farewell, God-speed, and safe return. The crews of the different vessels lying in dock cheered as we passed, cheered Lady Randolph Churchill, who accompanied us in her official capacity as chairman of the Committee of the American Hospital Ship Fund, cheered Winston Churchill, who had until a short time previously from early in November been a prisoner of war at Pretoria, and of whose plucky escape and safe arrival at Delagoa Bay we had just heard, cheered the captain (Captain Stone), officers, medical officers, and then lustily sang out instructions the tenor of which was to "bring back Kruger."

Slowly yet surely a thick blanket of fog settled down upon us, and ere we left the dock it was ordered that we should remain there for the night. Early the next morning we slowly proceeded, being detained

* Copyright by M. Eugénie Hibbard, 1900.

again by fog, and it was not until Monday morning, Christmas Day, that the pilot left us near Dover.

Christmas Day on board a hospital ship just starting on a four-weeks' voyage is a new and interesting experience. The day passed quietly and without event until, after indulging in a regular Christmas dinner, the roughness of the sea made itself felt in an uncomfortable manner. From that night, December 25, until Friday, December 29, we would like to draw a veil, being during that time ungraciously, unmercifully, and unkindly treated by the far-famed "Bay of Biscay O." The decks in the mean time were almost deserted, the weather continued unusually stormy, and it was not until we sighted the Canary Islands, January 2, 1900, that our equilibrium was restored. The sight of land, houses, and lights—for it was evening—was a most refreshing sight, and our spirits rose, after a tedious and depressing period of ten days.

Las Palmas, *Wednesday, January 3.*—Having arrived too late to anchor, the ship slowly cruised backward and forward all night, the coast being in this vicinity dangerous on account of the rocks. It is here the Dudgeon Grange went ashore, a transport on its way to South Africa with horses, etc., and which lies now on the rocks a total wreck. Early this morning, however, we anchored, and signals were hoisted. The news we received was very meagre, and I believe not reliable, regarding the war.

Las Palmas is the capital of the Canary Islands, belonging to Spain. This island, like most of the southern or tropical ones, is picturesque. The town is built at the base of the hills that rise almost from the water's edge; the hills, ending in regular and irregular peaks, are usually clothed in mist, and to-day are tipped with glints of sunshine. The houses dotted along the shore are one-story buildings, with here and there a more pretentious-looking domicile or hotel, and the square towers of a church break the line, otherwise monotonous. The coloring one is accustomed to see in views of Venice particularly is here found to perfection; the various shades on land, sea, and sky blend in one peculiar light, leaving the impression of all being enveloped in a haze of intense *clear* blue, and everywhere pervading. I am indebted to our captain for a peep at Teneriffe, the snow-crowned peak, which I saw in the distance, but most distinctly, through the ship's glasses.

It is here—and I must not forget to note it—that we found the most delicious oranges, but they are extremely perishable. We bought sufficient to last us for several weeks, and many have been sent on board by friends.

At eight P.M. we started on the last and longer part of our voyage,

and left Las Palmas much benefited physically and morally by our stop, even of so short duration. The evening is beautiful and the motion of the ship not uncomfortable.

January 4.—Is the first fine day we have spent since leaving London. All have settled down to a systematic life and accept the monotony that invariably prevails on board ship. Breakfast, luncheon, and dinner are regularly partaken of, odd hours and minutes are filled with work or pleasure; for distractions we are ourselves each to the other responsible. Evenings can be comfortably spent on deck. The moon and stars, though



LORD ROBERTS VISITING HOSPITAL SHIP MAINE AT CAPE TOWN, SOUTH AFRICA

they bring us no messages, recall to our memory incidents that have seemed lost in the busier moments of our lives, and I even think of Browning. The sky, the sea, over, around, and below us, form the confines from which we apparently cannot escape and live.

There is, fortunately, work to be done—a great deal in connection with the wards; in the line of cleaning, unpacking, and sorting of stores; unpacking and listing of books, etc. These duties will occupy most of our time, or until Cape Town is sighted.

Tuesday, January 9, 1900.—To-day "the ship is dressed" in her

best (this term is used when flags are flying) in honor of the anniversary of Lady Randolph Churchill's birthday. To-day, also, the ceremonies of crossing the line (equator) were conducted by Father Neptune and his unfortunate spouse, who, we observed with much sympathy from our place of safety, the bridge (by the courtesy of the captain we were invited to watch the proceedings from an elevation), was merely a figure-head. We thoroughly enjoyed the fun, which was tolerated for the sake of sport and custom by the unfortunate men crossing the line for the first time. The officers, surgeons, and others unwilling to undergo the shaving and ducking process were allowed to pay a fine of two shillings sixpence levied by the judge after a *proper* hearing of the case.

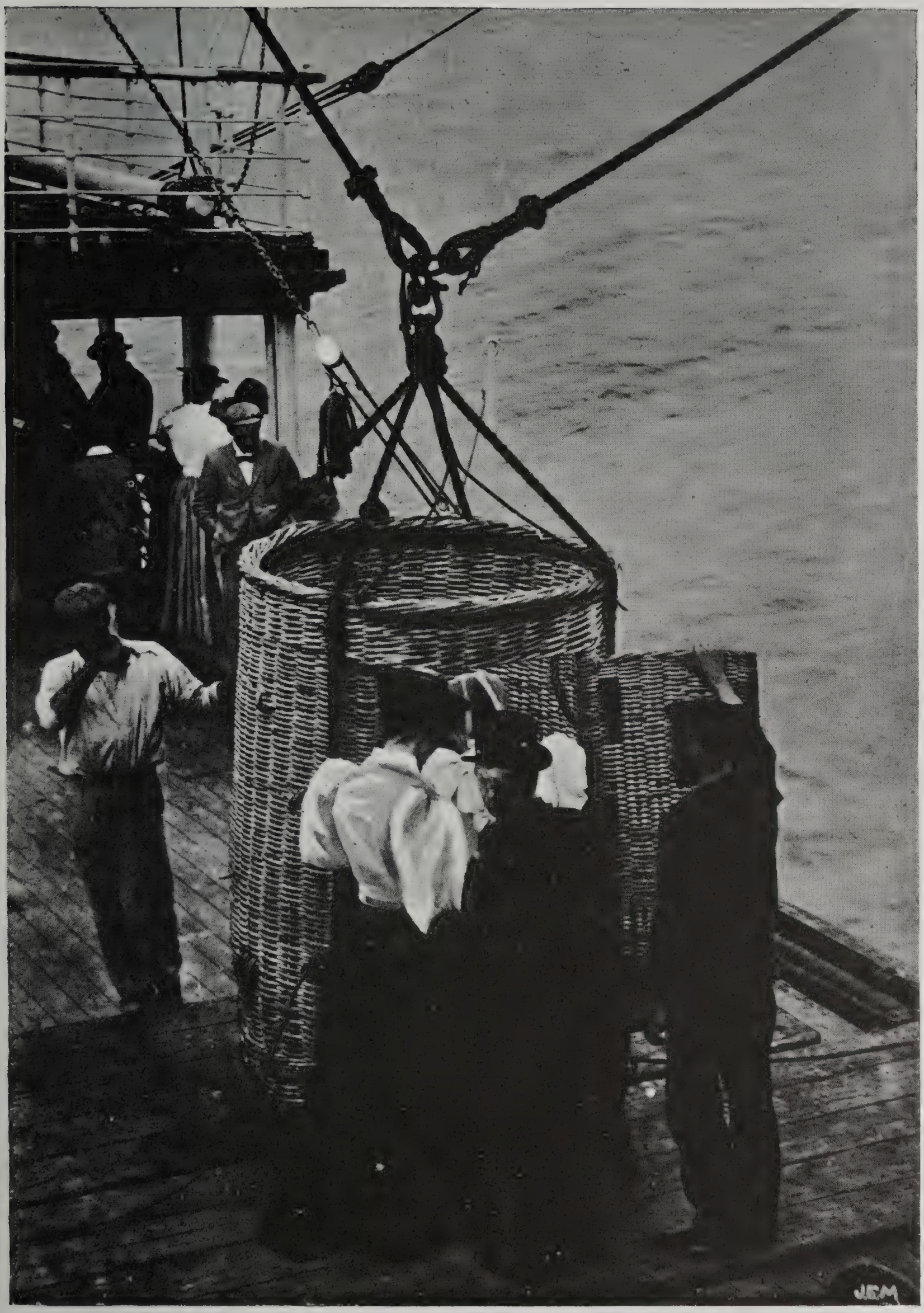
Wednesday, January 17.—A grand smoking concert was held this evening on the poop-deck, all talent on board participating. A large and appreciative audience was present.

While making preparations for the sick and wounded, the intense longing for news comes over me. I miss the daily touch with the world, and the complete isolation for the time being robs one of the possibility of securing for himself the joys that sea-air, sunshine, and complete rest would otherwise bring. I wonder, and I lapse into the old refrain, What news will we hear at Cape Town? and, further, I speculate as to when the war will be over. Ignorance may be bliss, but it is right hard to be content and ignorant.

Saturday, January 20, 1900.—The voyage begun four weeks ago to-day is drawing to a close, and we expect to reach Cape Town to-morrow. The hospital wards are in trim order and the appearance of the ship is much improved. On inspection we fully realize that much hard work has been done since we left Las Palmas. The paint-brush has been busily plied by the crew above and the orderlies below deck, much to the discomfort of the wearer of skirts, it being impossible to maintain a chalk-line carriage on account of the rolling propensity of the ship.

Every one seems happy and cheerful, expecting to see land to-morrow. A message signalled from a passing vessel conveyed the news, "Reported relief of Ladysmith." This was received with great delight, and the first word of the message was intentionally omitted or not in our minds, as it suited the disposition of the individual, and we longed to hear the truth.

Sunday, January 21, 1900.—Early this morning we caught sight of land—a dark line at first; then, outlined against the sky, the rocks which form the coast. About seven A.M. we caught the first view of Table Mountain, then the signal-station standing on a bluff, as a sentinel on guard. It only seems consistent in our present state of mind, due to constantly dwelling on the absorbing topics of war, to imagine the



"IN YOU GO." THE BASKET TRICK

coast bristling with cannon, rifles, bayonets, lances, etc., the various implements of war. But the illusion was quickly dispelled on approaching nearer, and in full view, Table Mountain, with Cape Town nestling at its base, facing the laughing waters of Table Bay, was most reassuring. This sense of protection and strength was increased on beholding the number of ships lying at anchor—transports of every size and description, too many to enumerate, with other vessels and sailing-ships of all nationalities. We feel proud to be numbered among the many that have come to give assistance and are privileged to be present at this interesting place at this momentous time. History no doubt will hand down as famous the names of many of the people we have met and of many of those we are likely to meet here,—this Mecca of the British soldier of the latter months of 1899 and the early part of 1900.

After due and proper formalities had been indulged in, such as visits from transport officers, port-master, and a personal visit from the United States consul, Colonel Stowe, permission to go ashore was granted. News we have received but little of, and, to-day being Sunday, letters none. The weather is beautiful, corresponding with our month of June. The following days are fully occupied in visiting the town and in receiving visitors. Among those who thus complimented us on our work must be mentioned Lord Roberts, Sir Alfred Milner, Governor of Cape Colony, Sir Edward Chichester, of special interest to Americans, Major Morgan, commanding officer of the hospital ship Princess of Wales, the principal officers of the medical department, also many Americans resident in South Africa, refugees now at Cape Town.

Tuesday, January 23, 1900.—An "At Home" was given "to meet Lady Randolph Churchill and the Staff of the American hospital ship Maine," at Mount Nelson Hotel, perched on a beautiful spot on the mountain's side and considered the best hotel in South Africa, now the abiding-place of many so-called refugees. Here we were most hospitably entertained, and assured of the interest and sympathy of a large colony of Americans. Captain Slocum, U.S.A., attaché, was present among other visitors.

The peculiar phenomenon of the Table Cloth on Table Mountain was watched with great interest, as at this spot it can be seen to perfection. The cause of this effect is the low-hung cloud or mist, which rests first on the top of the Table and, falling over the edge, looks like the spray that tumbles over Niagara Falls until it meets the warmer air, when it entirely disappears. We saw this under the inspiration of the sunset, which in itself was glorious.

Thursday, January 25, 1900.—Found us under orders to proceed to Durban and await the relief of Ladysmith. Very little news has been

received during our stay here, though it is universally known that General Buller has again begun operations for the relief of Ladysmith. No news cannot always be interpreted as being good news, so silence seems momentous at this particular time.

Accompanying us to Durban are eight sisters of the Army Nursing Reserve, who came out attached to Hospital No. 5, but who were disbanded before the formation was completed, as their services were needed elsewhere. Much speculation was indulged in as to where they would be stationed, the more daring hoping for an entrance to the "besieged city," as help of this kind was badly needed. The East Coast of Africa has the reputation of being very rough, and the trick of landing passengers from the larger to the smaller boats in baskets is here practised. We are greatly pleased to hear that the journey will only take about four days, and that the coast will be in sight nearly all the way.

What a delightful trip, if one could only forget for a brief period the reason of our being in these waters, and think only of the place, the climate, and our surroundings, which have a home-like appearance from constant contact and habitual use.

Sunday, January 28, 1900.—Is a day of grace and leisure. The air is beautiful. Though the haze on shore and on the ridges of the hills denotes heat, we suffered but very little, being protected by the awnings. About three P.M. the horizon showed signs of a storm, which steadily increased. The barometer fell rapidly, and we felt it had become a serious question, when orders were given to furl all awnings, close ports, and send all portable chairs, etc., below. Fortunately, the awning covering the stern of the ship was left up, as it was considered quite secure, and for some time we sat under it, watching the approaching storm, the clouds, and the peculiar appearance of the water. There was a heavy stillness in the air, portentous of coming events, and nothing would have induced us to go below. None of us were aware of what was transpiring but a short distance off. The rain, which began with slight force and in uncertain quantities, now fell heavily, the lightning and thunder were continuous, and the wind so increased in volume that we were obliged to move to the port side of the ship for shelter. Hardly had we seated ourselves when large hailstones fell in profusion. They were from half an inch to an inch in diameter and even larger before they fell on the deck and broke. In a few minutes the sea assumed the peculiar appearance of being covered by myriads of miniature fountains apparently from six inches to a foot and a half in height, caused by the force with which the hailstones were precipitated into the water. These, resting on the surface, gave to the sea the appearance of a floating snow-



PANORAMA OF DURBAN AND BEREA FROM THE BLUFF. NO. 1



PANORAMA OF DURBAN AND BEREA FROM THE BLUFF. NO. 2

bank. Busily watching this interesting scene, and with our backs to the approaching storm-cloud, we were taken unawares when "the terrific squall with hurricane force" broke over our heads. We were obliged to crouch on the deck, covering ourselves as best we could, until rescued and taken to the companion-way. Hardly had we reached the deck below when the awning which had been our protection to a great extent was torn from its fastenings, the braces both of iron and wood were wrenched from their sockets, and with the canvas were hurled over the port side of the ship. The rain and hail with the wind continued in force for some minutes, then subsided, and the sun, breaking through the clouds, appeared as if smiling at our fears. During the storm the ship had put out to sea, and we lost sight of the coast-line. The wind and rain, which continued at intervals during the night, gradually lessened in force, and the morning broke hot and oppressive.

Monday, January 29, 1900.—We reached Durban about three P.M. Passing the bluff on which stands the signal-station, we entered what is called the outer anchorage. Here we saw, among many other ships, but prominent among them all, H.M.S. Terrible. This cruiser with her sister ship, the Powerful, are two of the largest afloat. The crews of these two ships have made themselves conspicuous by their conduct in seeking to relieve besieged Ladysmith.

Here we heard of the retreat of Sir Redvers Buller's "unbeaten forces" after the third attempt made to relieve the unfortunate city. The number of casualties is given at about sixteen hundred. Immediately preparations were begun on board the Maine to perfect the accommodations for the reception of the sick and wounded soldiers. Under the supervision of Captain Holland (one of the officers of the transport department) changes were made that were absolutely necessary to secure greater comfort for the patients and improved facilities for the nursing department, and for the first time our hospital assumed its proper appearance.

As the British government found it required a larger number of hospital ships, many passenger vessels were here transformed for this purpose. This had been most expeditiously done at Durban harbor, and we found ourselves in the hands of experts. Among the hospital ships which we saw during our stay at Durban were the Spartan, Trojan, Avoca, Nubia, Lismore Castle, and Oceana, and others were under way ere we left.

(To be continued.)

WHAT WE MAY EXPECT FROM THE LAW

By LAVINIA L. DOCK

"Our human laws are but the copies more or less imperfect of the eternal laws, so far as we can read them, and either succeed and promote our welfare or fail and bring confusion and disaster according as the legislator's insight has detected the true principles or has been dictated by ignorance and selfishness."—Froude.

"Law as it actually exists in modern society is the aggregate of a system of rules by which a political community regulates or professes to regulate the conduct and the rights and powers of its members and its own interference with their freedom, and any rule answering this description is, if authoritatively promulgated, a law."—Century Dictionary.

Many of us have an indistinct impression that the "law" is something of the nature of a finished product, of which certain ready-made quantities may be procured as one orders household goods. One often hears the words, "There ought to be a law to compel" thus and so, or, "Such a thing ought to be forbidden by law." It is the natural attitude of the mind towards something unfamiliar. Let us realize that laws are public agreements which people just like us make and which we can also make. To have laws passed regulating our profession is only to do on a large scale what we now do in a small way in our voluntary constitutions and by-laws. We must first decide what we want to do, then find out what others who are of different opinions want, and finally by mutual agreement decide on concessions which we can get a good working majority to support. Even as to compulsory power, which is the essential characteristic of law, the difference is only one of degree: our voluntary constitutions have the germ of the compulsory idea, the difference being that this compulsion cannot reach outside of the association, whereas in State law the compulsion reaches throughout the State.

To be effective, a compulsory law must not only provide the penalty for disobedience, but must make provision for enforcing this penalty and for defraying costs.

Many laws, especially such as are meant to regulate the conditions of labor of, let us say, women and children, fail entirely to effect the desired changes because they have been so constructed that the method of enforcing the penalty has been left out. This point needs emphasis; so many people imagine that law is like an automatically working machine; that once passed it will keep on going of its own accord, protecting the good and restraining the bad. On the contrary, unless some one is enough interested to be responsible for seeing that it is obeyed, it will stand on the books forever as harmlessly as a verse from "Mother

Goose." "If the mere passage of restraining acts were sufficient to keep men from crime, or even in any great measure to limit it, there would be no such thing as theft, for there are enough laws against it." * Who then is responsible for seeing that law is obeyed? Whoever is injuriously affected by its being disobeyed must see to it. If the State is injured, the State will see to it. But if we make laws for our benefit, the State will not concern itself further than by providing courts of justice. Thus we find that in the best medical laws, the county medical societies are designated as being the bodies who shall bring prosecution for violations of law, and the expenses they incur are to be repaid from the fines.

We, if we wish to secure laws, will have to do the same. The only alternative would be to allow some other body of persons to take this trouble off our hands, in return for which service we would place ourselves under their control. This would be slavery, of which not even the shadow can be tolerated.

So it comes down to this: not, What can we expect from the law? but, What can we expect from ourselves and from the people all about us? They will not willingly allow us an advantage which they think will disadvantage themselves, and we may not disregard their interests in considering our own, but should rather seek to safeguard both, and so go amicably on together.

What, then, do we want to do? To establish a recognized standard of professional education. There will be a disappointment here to many, for we cannot establish by law our *highest* professional standards, only the medium,—only the fair general average, at any rate, at first. The secretary of the University of the State of New York writes: "It would be wise, in a movement for licensing trained nurses, to establish a State society and then to determine *minimum* qualifications to be exacted in preliminary and professional training. The object of the law will be defeated if the requirements are fixed too high at first."

Restrictive legislation affecting the professions, then, is not to be gained once and forever; this is another point for us to remember. It does not mean just one effort, but continuous efforts for the rest of time.

The American Medical Association has been working at legislation for fifty years, and the secretary writes: "The laws are *gradually becoming more stringent* [italics are ours] in the States which have adopted medical laws." Our highest present standards are the result of special intelligence and special advantages; all have not the same, and

* Proceedings Sixteenth Annual Convention National Association Dental Faculties.

it would be no more reasonable to expect all to suddenly conform to the highest, than it would be to expect the bread to bake without being long enough in the oven. We must first have the higher education, and then the law to protect it. The secretary of a certain national association writes: "We have secured laws in several States; . . . while these are not such as we would like to have them, yet they are an entering wedge; . . . the one thing that is needed first is good technical education before we can expect good legislation." And another: "It is worse than folly to hope to make men ethical by the law, just as it is supreme inanity to expect legislation to make them intelligent or learned; . . . we urge the abandonment of professional strife, the burying of personal differences, and the union of all in one common purpose to raise our professional standards as fast as, and no faster than, they can be firmly maintained." *

We have, as nurses, a fair average standard of two-years' general training, sanctioned by public consent during thirty years. We are developing a three-years' general training through the individual initiative and mutual agreement of those who have grown to this stage of progress

We may safely trust this element to go on distributing the leaven. It is instinct with the spirit of growth and needs only to be let alone. But we can *not* trust those who, from mistaken motives or from imperfect intelligence, attack our two-years' minimum. These are they against whom we must defend ourselves by laws which will forbid them to chip away a bit here and a bit there, like thieves at a cellar-wall.

Such encroachment on fair standards as a *six-weeks' theoretical course* in nursing, concluded by the giving of a diploma, which is now in existence in one of our large cities (not conducted, one is glad to say, by nurses), could be put an end to by a State association of nurses by passing a simple law requiring a stated time-limit, just as similar medical swindles, bogus colleges, and the like have been put an end to by the State medical societies.

Another sorely needed protection, towards which the "time-limit" of study, which is considered essential by all the professions, would not help us, is against the multiplication of training-schools in specialty hospitals and those of limited clinical material. To obviate this it would be necessary to specify in the law the variety of subjects in which a nurse applying for State registration would be required to pass examination. This is done in the best medical laws, but we would hardly secure such provision at law for some time to come, as it would naturally meet with great opposition at first.

* Proceedings Sixteenth Annual Convention National Association Dental Faculties.

The dental profession has successfully limited the numbers of dental colleges through its Association of Dental Faculties, and so maintains their standards: needless, however, to point out the difference between their circumstances and ours. Hospitals not only ought not to be limited, but ought to be multiplied, of every kind, special as well as general, and the training-school is usually a part of the hospital, not a separate entity like a college. However, that it might be made more so than it is has been repeatedly urged by nurses who consider these things, for the past six years or more. A system of paid graduates for private hospitals, post-graduate courses in large specialty hospitals, and a rotation of pupils from some large central school for the small general and specialty hospitals has been urged by nurses at private duty and in hospital work, by the American Society of Superintendents, and by the English Matrons in Council in print and in public discussions over and over again. It is satisfactory to see that members of the medical profession are now adopting our views and advising hospital managers to work out the plan. "First the blade, then the ear, then the full corn in the ear."

The secretary of the University of the State of New York writes, again: "It would probably be impossible to effect direct legislation to prevent training-schools from being established in small or specialty hospitals, from the innate American desire for personal liberty, and legislators hesitate to enact such laws. The indirect method would doubtless receive wider support."

As to how legislation would affect nurses already practising, a study of the medical laws of the different States shows that reputable practitioners already established were in no case taken by surprise to their disadvantage, but were treated with extreme consideration. In some States they were not required to pass the newly established examinations, but received the State certificate for registration simply on the strength of their diplomas or from five to ten years' practice. Other States gave two or three years' time in which they might prepare for examination. The newly made laws usually provided that such steps as extending the course or amplifying the subjects for examination should not take place immediately, but at a given date from two to five years after the passage of the law. This gave time for accommodation to take place, and worked no immediate hardship. Such questions as moving one's residence are easily arranged for on common-sense principles.

Examples of Medical Laws, Condensed.

1.

No person allowed to practise without certificate of qualifications from an authorized board of medical examiners. State and County Societies elect

examining boards, one for State and one in each county. Each of these boards may examine. Qualifications necessary for passing are left to their judgment; no specifications in law. All those already practising at time of passage of act to be entitled to certificate of medical examining board without passing examinations. Penalty misdemeanor; fine $25 to $100.

2.

Regents elected for life by Legislature. Appoint medical examining boards from nominations made by medical societies. Expenses of boards met by fees. Qualifications specified in law: Age, moral character, proofs of preliminary education, college or high school or equivalent, or regents' examinations; four years from date this preliminary work to be more exacting. Four-years' course in medical college of a certain grade; *e.g.*, any one registered by regents as maintaining uniform standards. Evidence of five or more years' practice may be accepted as equivalent, such substitution to be recorded in license. Men from other States where State board has standards not lower may have their certificates endorsed by regents, with all rights. Penalty, $250 to $500 fine,—or imprisonment, or both.

3.

Law provides two forms of certificate,—one for those already practising and one for future applicants.

MISS LINDA RICHARDS

BY ONE OF HER PUPILS

THE first woman to enter a training-school for nurses in the United States still occupies an active institution position after twenty-eight years of almost constant nursing work.

Miss Linda Richards was born in New York State, but was reared and educated in Vermont. She is a woman above the medium height, commanding in appearance, with a genial, sunny personality that has won for her many friends.

The New England Hospital is rarely accredited as being among the first to establish training-schools. Such, in fact, is the truth, although the hospital at that time was small and the period of training only one year.

Miss Richards entered this school, its first pupil, September 1, 1872, receiving her diploma one year from that date. One month later she went to Bellevue, New York, as night superintendent, the first American trained woman to hold a hospital position.

November 1, 1874, she took charge of the Boston Training-School connected with the Massachusetts General Hospital. At this time the training-school experiment was wavering. Perhaps her greatest work was done there in turning the balance, restoring professional confidence



MISS LINDA RICHARDS

by her reorganization of the school on lines so broad and judicious as to be the basis upon which the school is largely conducted at the present time.

April 16, 1877, she sailed for England for extended hospital experience. She spent some months as resident nurse in St. Thomas and King's College Hospitals, London, and at the Royal Infirmary of Edinburgh, visiting many hospitals in London and Paris.

January 1, 1878, in co-operation with Dr. E. Cowles, she organized the Training-School of the Boston City Hospital. December, 1885, she was sent by the American Board of Missions to organize a school for the training of native women nurses in Tokio, Japan, returning to America in March, 1891. For eight months she was in charge of the "visiting nursing" work of Philadelphia, was for a short time at the Pennsylvania Hospital for the Insane, but failing in her effort to establish a training-school there she accepted an invitation to organize the school of the Methodist Hospital, Philadelphia, which position she resigned because of ill-health.

January 1, 1893, she returned to the New England Hospital as superintendent of the hospital. In April, 1894, she went to the Homœopathic Hospital Training-School, Brooklyn, where her organizing talent was necessary, remaining for the term of her engagement—one year. In November, 1895, she took charge of the Training-School of the Hartford Hospital, remaining two years. The plans for the Nurses' Home, recently completed, were made during her administration. Then followed one year at the University of Pennsylvania Hospital, Philadelphia. For the past year her work has been in connection with the Insane Hospital of Taunton, Massachusetts.

For a long time Miss Richards has felt that there was great need for intelligent trained women in many of the institutions for the insane, and she has entered into this branch of the work with the spirit of a philanthropist, giving of her vast experience for the alleviation of the condition of this most pitiful class of people.

With the many changes that have come in nursing methods during this quarter of a century Miss Richards has kept closely in touch.

No one woman in the profession has wielded a broader influence as an organizer and reformer. Wherever she has set her hand, improved conditions have followed for patients and nurses.

To those who know her intimately, one of her greatest charms lies in her extreme modesty. Always ready to lend a helping hand to others, she never pushes herself into public notice, but is always retiring and modest, a womanly woman in the truest sense.

PRACTICAL POINTS ON PRIVATE NURSING

IN CHARGE OF

ISABEL McISAACS

SPECIALTIES IN NURSING

By KATHERINE DE WITT

Not many years ago the doctor of medicine was also a surgeon, a gynæcologist, an obstetrician, and an apothecary. His companion in work, the nurse, was often expected to perform the duties of the housekeeper, cook, laundress, and nurse-maid, and to do sewing in spare moments. Many persons now living can look back gratefully to the old family physician who pulled their teeth with murderous-looking instruments, who dosed them with strong pills of his own make, and who was always at hand with his ready cheer and courage in every illness. Many women can remember the relief brought by the corpulent old auntie, who used to come with the *Klapper-Storch** and take up all the household work as it fell from the mother's hands, cooking for her husband, dressing the children, and keeping all things running smoothly, often performing these duties with the baby on her arm.

Why are such doctors and nurses not seen to-day?—they were helpful, kindly, skilful, and filled a need. Because present cilivilization and modern science demand a perfection along each line of work formerly unknown. The dentist of to-day has too many absorbing interests of his own to dabble in surgery; the pharmacist is not supposed to prescribe the wares he dispenses; the nurse cannot leave her pneumonia patient to feed himself while she washes dishes.

Useful as the old nurse was, with her ready adaptability to many kinds of work, the new nurse is more useful, at least to the patient himself, and ultimately to the family and community. Her sphere is more limited, but her patient receives better care than was possible under the old time *régime*.

Doctors have not only dropped such kindred professions as pharmacy and dentistry from their field of labor, but many feel that a whole lifetime of study and investigation is not too much to give to some one branch in which they are interested, so that we have to-day a great army

* White stork.

of specialists,—the oculist, the aurist, the gynæcologist, and so forth. All these specialists, however, have begun their work with general medical training, and have taken up later the work required for their chosen study.

Where doctors lead, nurses are sure to follow, and they also have to some extent taken up special lines of work. Some nurses begin their professional career by taking training which is one-sided, or practically so, only the theoretical studies covering the entire ground. Those nurses who are trained in sanitariums, in children's hospitals, or in small surgical hospitals do not always confine their practice to the ground covered by their training, but often take up general nursing, believing, probably, that thorough training in one line and careful study prepare them sufficiently. No nurse who has had general training underestimates its importance; she would be unwilling to care for a disease she had never seen. To be sure, the doctor is responsible for the general conduct of a case, but the nurse is responsible for the honest performance of her own duties. In the golden age of nursing we hope for an ideal combination of small hospitals by which nurses can get a complete training by serving in several.

In the present condition of things women who wish to do nursing of any kind would do better to begin with a thorough course in a general training-school, taking up later the kind of work for which she proves herself best fitted. Very few nurses begin training with a view to working in one line. Nearly all have the intention to do general private nursing, and time shows their capacity. Some women show a marked ability for management and are retained in their schools as head nurses or are sent to positions of responsibility elsewhere, some can never forget the fascination of the operating-room and seek for positions as surgical nurses in other hospitals, some drop nursing entirely or make it secondary to something else,—the majority start out as private nurses. Of these, most keep up general work, though they may register against some one class of diseases, and a small proportion find themselves, by force of circumstances, by inclination, or special adaptability, devoting themselves more and more to one class of work until they have become practically specialists. Nurses who are particularly quick of eye and deft of hand prove themselves such useful assistants in surgical work that there is a constant demand for their aid. Some nurses are born kindergartners; they not only love little children, but they know how to manage and amuse them. Such qualities added to thorough training make a nurse invaluable in children's diseases, and the physician who is a specialist in that line is almost sure to have in his office a list of those who have proved themselves "good with children." The nurse who

wishes to take up obstetrical work as a specialty will find her road an easy one if she is a really good obstetrical nurse, for in no other line of work is a nurse so often called again and again to the same family or passed about a circle of relatives and friends.

There is no need to urge nurses to take up specialties, for there is no such demand for specialists in the nursing as in the medical profession, and there will always be enough who have marked ability in certain directions to fill the ranks. Those who devote themselves to one branch of nursing often do so because of the keen interest they feel in it. The specialist can and should reach greater perfection in her sphere when she gives her entire time to it. Her studies should be continued in that direction, she should try constantly to keep up with the rapid advance in medical science. There is always the possibility that by careful observation she may collect data which will be of use to the doctor who cannot spend as much time as she over the minute details of a case. The nurse who is a specialist can often supplement the doctor's work to a great extent. The surgeon or obstetrician who has a patient in the country can often leave the after-care of a case in the hands of a nurse who is familiar with his mode of treatment, who will carry it out faithfully, and who will not need such minute instructions as a nurse less closely in touch with his work. It is a comfort, too, to these doctors to know that the nurses who are caring for their patients have nothing to do with contagious diseases, and that there need be no anxiety as to their possessions being sufficiently disinfected. It is a great convenience and help to a doctor, especially to one who is full of crochets, to have as an assistant a nurse who "knows his ways," who is not disturbed by his explosions of impatience, and under whose hands all arrangements are sure to go smoothly. Such a nurse is, as she should be, an invaluable aid, but she should for her own sake take an occasional case for another doctor, that she may not become narrow in her point of view. One is so wrapped in admiration of Dr. A's methods and good results that she may look askance at Dr. B's plan of action until she finds he too is successful, though by different means. Then, again, doctors are mortal, and when a skilful physician is cut off in the prime of life he sometimes leaves behind him a small army of nurses who have worked only with him and who are almost unknown to his colleagues. They must now go back to general nursing until gradually they can take up again their favorite line of work. There are minor reasons for special work which appeal to one almost as strongly as the more weighty ones. A nurse who is unequal to the strain of night work finds that surgical cases require less of it than medical ones do. Another, who takes obstetrical cases largely, says frankly that she finds them more convenient,

for she can plan her time ahead. She knows pretty well when she will be busy, when at leisure, and what clothes she will require. It need not be added that each does her work well; if she did not she could not choose, but would have to join the army of incompetent or careless ones who must take what they can get. There are many nurses who feel a sense of victory in each case of typhoid fever which is carried safely through, and who take case after case of that disease. There are others who love the medical cases which require careful dieting, for they enjoy making a study of foods and preparing them properly.

Probably every nurse on graduation does best to begin with general work until she has made the character of her work known to doctors, patients, and, not least, herself.

There are dangers besetting all paths, and the best of nurses must beware of that familiarity with her work which breeds carelessness, and of the narrowing of her interests, which can best be avoided by occasionally taking up post-graduate work along other lines than her own.

VISITING NURSING

By ELIZA J. MOORE

The Visiting Nurse Association of Chicago was established in 1890. Its object is to furnish trained nurses to the sick poor unable to pay for them. The staff consists of a head nurse, nine nurses in charge of districts, and one who assists in the office work and helps in the districts when necessary. The city is divided into ten districts, one nurse having charge of each and being responsible for the calls that come to her in it. At present there is no visiting nurse on duty in the South Chicago District. The hours of duty are nine A.M. to five P.M., but during the heavy season the nurses are often required to stay overtime, while in the very light times they are considered off duty before five if their work is finished. Sunday and holiday visits are made at their discretion. The salary is fifty dollars a month and car-fare the first two years, and then sixty dollars. The out-door uniforms for summer and winter are also furnished by the association, the summer one being a dark blue serge coat and hat, while for winter is worn a dark blue ulster with bonnet and veil. The dress is the medium stripe of blue and white gingham, with white collar, cuffs, and belt, the distinctive feature of the uniform being the white cross worn upon the left arm.

The main office of the association is in the Masonic Temple, and the nurses report there once a week to take in reports, get supplies, and

consult with the head nurse, but each nurse has her head-quarters at either a drug-store or settlement in her district, where she has a loan closet and receives the calls. The calls come by telephone or mail, or people come themselves to see the nurse. Each loan closet is supplied with bed-linen, bed-gowns, towels, baby outfits, surgical supplies, a fountain syringe, air-cushions, rubber sheet, a cot bed, and other sick-room necessities. These articles may be loaned to the patient, except the baby outfits, which are given when necessary. Beef extracts, cocoa, and tonics are provided, and may be given when needed. The nurse carries with her on her rounds a physician's satchel, filled with surgical supplies, tonics, report-cards, towels, and anything she may need for her day's work. She reports at nine o'clock, and after packing her bag, receiving the new calls, and perhaps seeing several people who are waiting for her, starts upon her rounds. The arrangement of her work is left entirely to herself, and, as in hospital work, the sickest patients receive the first and most attention. The number of calls a nurse is able to make depends largely on the district she has and also upon the character of the calls. In the small, crowded districts, where it is almost house-to-house visitation, a great many more calls can be made than in an outlying one, where the calls are very scattered, and a great deal of time is consumed in getting to the patients. In the former twelve to eighteen calls a day, in the latter from eight to thirteen are made.

I would like to mention especially the actual nursing done by the visiting nurses. The work is not done in a primitive way, but hospital methods are followed as closely as possible, and the results obtained are in most cases very satisfactory. Economy is one of the first lessons to be learned. I say learned, because, after all, our hospitals are so well equipped that we do not realize how abundant the supplies have been until we must do without them, and the makeshifts a visiting nurse must use are sometimes laughable, if not actually pitiful. Most of the homes they visit are without the bare necessities, and more than once has the nurse been obliged to go back to her loan closet and get linen and other supplies before she can attempt to make the patient comfortable. Suppose the call is upon a new maternity case: First, the baby must be bathed and dressed, with the usual attention to eyes, mouth, and cord. Then the temperature and pulse of the mother is taken, a partial or entire bath, with an external douche of bichloride solution given, bed made, and hair combed. If this occupies more than forty-five minutes, it is recorded as two visits upon the daily reports. The temperature and pulse, diet, and work done by the nurse are recorded upon a history sheet, one of which is left with every patient. The maternity cases are visited ten days or two weeks, until the mother is able to attend

to the baby and the umbilicus is entirely healed. The nurses carry with them oakum pads, which are used for sanitary napkins in these cases. The bedrooms are usually so small that one can work from only one side of the bed, and it is very hard to make a neat bed until one becomes used to it. The absence of sepsis in maternity cases, especially where there is a repaired perineum to be cared for, is simply surprising. The nurse may leave ever so many instructions about what the patient may and may not do, but she is never sure they will be obeyed. Surely there is a special Providence that looks after the sick poor. The nurses are often called upon to assist at operations, usually minor ones, and this is generally a pleasant diversion from the routine of her work.

The chronic cases are perhaps the most important and most satisfactory of any cases cared for. They are visited twice a week or oftener, and the patient is given a bath or alcohol rub and the linen is changed. It is not always easy to get linen, for many families are opposed to being clean, and it seems to them very extravagant to change a bed twice a week, but after the nurse has insisted and explained the necessity, they will manage in some way to have clean linen; but when the supply is limited to perhaps three or four sheets it means a good deal of washing.

The surgical cases are dressed as often as necessary; in some cases surgical patients have been visited every day for more than a year and the dressings supplied. This of course is a great expense saved, because, if the nurse had not dressed the wound, it would have been necessary to have a doctor do it. The acute medical cases are visited every day and sometimes twice a day. Baths and enemas are given, the doctor's directions are carried out, and the patient is made comfortable for the day or night. If the patient is too sick to be left in charge of one of the family, an emergency nurse will be sent by the association to nurse him until out of danger. These emergency nurses often have the poorest accommodations possible and endure great privations. Although they are not regularly trained, some of them are excellent nurses and are very devoted to their work. Where a nurse is not needed, often a cheap servant is sent to do the work and wait upon the patient. One of the most important points of a visiting nurse's work is the instructions she must give in the homes. The people must be taught some of the rules of hygiene and sanitation, and something of how to care for their sick. The mothers are often ignorant of the very simplest care of their children, and a few sensible directions will be of the greatest help. Phthisis patients are rarely found sleeping alone; in most cases several children will be found occupying the same bed with the patient, and almost never is there any disinfection of the sputum. It is surprising how quick some of the people are to learn under the direction of the nurse, and what

good care they take of their sick. In some instances they seem to grasp at once the importance of cleanliness, and even surgical cleanliness. Indeed, all of these people are not ignorant of what good nursing is, and I am sure every nurse has learned something from some one of them. In other cases it is very discouraging to go day after day, and find the directions which have been left unheeded, or perhaps the surgical dressing removed, and some "magic oil" or raw potato or salt pork applied over the wound. Sometimes a fire must be made and water heated before anything can be done for the patient; or the nurse must go to the neighbors and borrow or beg hot water.

The contagious cases are visited every day and instructions given about the care of the patient, but if there is no one to do the nursing in the house, an emergency nurse will be supplied. Some days the work seems most unsatisfactory; perhaps a great deal of time has been spent upon one patient, moving him to another room, or getting him off to the hospital, which means considerable work, as the nurse must get a certificate from the doctor in charge, and then go to the police station and order the ambulance. The question may be asked, Why not send these patients to the hospital? This is not always practicable. The patient may be the father or mother, and if he or she is sent away, the family become scattered and great harm is done. Other things than just the patient must be considered, although he is, of course, of the greatest importance. Then there is a most unreasonable prejudice among the ignorant against hospitals, and especially free hospitals, in most cases entirely unfounded, but perhaps for that reason harder to overcome. All the calls made are not working calls; some of them consist of calling and leaving a tonic, or upon waiting maternity cases. Then the nurse tells the patient how to take care of herself, and very often sends her to some doctor who will attend her case for a small fee or nothing. A great many of the maternity cases are attended by the "Chicago Lying-In Dispensary" doctors. The rules of the association forbid the nurse taking care of patients confined by midwives and of criminal abortion cases, but some of the latter are attended by them, because the patients usually deny the fact that they are produced, and the nurse ordinarily has no proof that they are. Daily and monthly reports are handed in and filed, giving a record of the work done, address of patients, articles loaned, and an account of the five-dollar allowance. So many people have made use of the visiting nurses who really have no claim upon them, that on the cards of each nurse is printed the following:

"This nurse will attend free all persons unable to pay for her services, but any patient who can do so will be expected to pay from five cents to twenty-five cents a visit." This money is used in the charity

work of the association. This also helps to keep from pauperizing the people, for that must be avoided. An allowance of five dollars a month is made to each nurse to use for medicines and some necessities, for often she finds no food or coal in the house, and must give a little temporary relief. Occasionally the nurse is not well received in the house where she is sent, and is not allowed to touch the patient; she must then go again and again until she has shown the people that she comes only to help; but it is rare for one of the nurses to receive any discourtesy; on the other hand, every day shows in some way the place she holds with these people. They are quick to feel her refinement and gentleness, and they discriminate very soon between thorough and superficial work. Of course, the expressions of gratitude which come to her, both from the patients and family, are part of the payment she receives for her work. There are sometimes doctors who, perhaps because they are jealous of the knowledge of a trained nurse, make it hard rather than easy for her, but these are the ones who are working only for the fee they are to receive. What a pleasure it is to work with the first-class physicians who are always ready to help and appreciate fully the nurse's work; and these are the ones we often find giving the most careful attention when they expect no money in return. It is hard to tell when or where the duties of a visiting nurse end,—certainly not always with the care given to the sick one. With a knowledge of the condition of these people comes a responsibility which cannot be entirely ignored. They must instruct the mothers in a general way how to care for the children, impress upon them the necessity of sending them to the kindergartens and schools, and other institutions where they may be benefited. They must report unsanitary conditions of home to the Health Department, cases of need to the Relief and Aid Society and Bureau of Charities; they must interest people in individual cases and try and get work for men and women who need it. This part of the work must usually be done outside of the hours of duty, and often requires the writing of many letters and making extra calls.

Visiting Nurse Associations are being started in many of our cities, and it is a work which is bound to grow. This branch of nursing brings a satisfaction hard to realize until one has tried it, and although it may not pay as well in dollars and cents as other kinds, it certainly appeals to all of us as women, and brings at least part of its own reward.

CHILDREN'S DEPARTMENT

IN CHARGE OF

LOUISE C. BRENT

INFANT FEEDING

By W. B. THISTLE, M.D., L.R.C.P. (Lond., Eng.)

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The physiology of infant and early life is of special interest, and the study of it of the greatest importance. The wonderful activity of the tissues in the first years has no parallel in the succeeding years.

We are told that the average healthy infant will add to his bulk at the rate of one ounce a day for the first three months, and half that amount a day for the next six. That is, he more than doubles his weight in the first six months.

I instance this wonderful rapidity of growth because I wish to direct attention to the paramount importance of the nutritive supply at this period of life. Recognizing the importance of a full supply of food, it must be provided in the form that will permit of its being assimilated and utilized in the process of living and in the building up of the body of the child. To accomplish this we must know something about the digestive and assimilative functions of the child. Failing such knowledge, we are apt to transgress wofully. Examples of such transgressions may be found in the many proprietary foods so widely advertised.

Reserving for later consideration the subject of infant digestion, let us answer the question so often asked, what is the best food for the infant? To this there can be but one answer,—its mother's breast.

The decision to abandon the mother's breast for an artificial food is fraught with the greatest importance to the infant. No matter how well the artificial food may be managed, the child's chances of survival are greatly lessened by the change. Taking a child from its mother's breast is a step that should be well considered and never determined upon until every effort has been made to modify and render suitable the mother's milk. In many cases the change is made on the slightest pretext. Some-

times it is determined upon from mere caprice, artificial feeding being considered more convenient. A greater mistake can hardly be imagined. To supply a correct food means incessant care. Digestive disturbance and a crying child are the result of every mistake or failure to be exact in preparation.

Apart from well-recognized conditions,—*e.g.*, the mother with phthisis or incurable disease and where pregnancy supervenes,—every effort should be used to secure a suitable food from the mother's breast.

The breast secretion may be defective from many causes.

After the first few days the average healthy secretion will give the following analysis. It will be found to consist chiefly of water with a small proportion of each of the four great classes into which all food may be divided,—albumins, fats, sugars, and salts:

Water, eighty-eight per cent.; albumins, one to two per cent.; fats, three to four per cent.; sugars, six to seven per cent.; salts, a trace.

During the early days of secretion the milk is richer in fats and has some purgative properties. Hence it is well to put the child to the breast at once, that this purgative milk may cleanse the intestines.

There are other features about the breast secretion which we shall have occasion to refer to later when we come to the consideration of artificial food,—that it is sterile, is secreted without vacuum at a temperature of 98.4°, etc.

A common mistake consists in undue frequency of nursing. The rule from the first month should be, every two hours between the hours of six A.M. to ten P.M. and once at night. One often finds that the child nurses whenever he cries during the day and practically all night. It becomes impossible for him to digest the milk he has taken, hence he has abdominal discomfort, which sensation he mistakes for hunger and cries for more. Besides this, constant resort to the mother's breast leads to the production of unduly concentrated milk difficult of digestion. Such milk will be found to contain an excessive quantity of albumin.

This brings us to the next difficulty.

It will be found that many cases of infantile indigestion are due to excess of albumin. The periods of feeding are properly arranged, yet the high albumin percentage continues. This may be due to an insufficient fluid supply in the food of the mother, the excess of albumin being relative. In many instances it is due to deficient exercise. The defect may be overcome by out-door exercise, walks, household duties, etc. A regular life and the avoidance of excitement and dissipation, together with a rather generous mixed diet with excess in the way of fluids, gives the best results.

Again, in many instances the child does not thrive on its mother's milk, not because of indigestion, as in the case of excessive albumin, but because of the constipating tendencies of the mother's milk. This condition may in many instances be attributed to a deficiency in fat. A change in the mother's diet may alter the character of the milk so as to relieve the condition.

From a study of the physiology of milk secretion we know that the fat of milk is increased by proteid food, but not increased, on the contrary diminished, by fatty food. Hence in cases such as I have described, where there is no disturbance of digestion but simply failure of nutrition, with perhaps constipation, the obvious treatment is to increase largely the albuminous substances of the mother's food. She should take in sufficient quantity meat, eggs, milk, etc. The same regimen will likely increase the amount of sugar in the milk. Sugar, like the fat, is a result of metabolism in the lactiferous cells of the breast, and is maintained quite independently of the ingestion of sugar or starchy food.

We have been considering cases in which the mother's milk was sufficient in quantity but unsuitable in quality. The defects usually met with being that it is indigestible, owing to excess of albumin, and insufficiently nutritious as a result of the low percentage of fat and sugar.

Let us turn now to cases of another kind, where the difficulty is with regard to the quantity and not the quality. There are many cases, more particularly among the higher classes, where the mother's milk is, while digestible, altogether insufficient in quantity. Much can be done to augment the secretion by more generous living, fluids, out-door life with exercise, etc. That is, everything should be done to improve the general nutrition of the body. While improvement may occur, yet there are still many cases where the flow remains quite insufficient to nourish the child, and in others the supply ceases altogether. In these cases resort must be had to an artificial supply. It must be remembered, though, providing the mother's milk agrees, that the more of it the child can have the better. It is a great mistake to put the child on an artificial food because his mother can only furnish a half supply. Much better to continue the half supply and supplement it by giving milk modified to suit his digestion in the way we shall presently describe.

Before leaving this part of the subject I would again urge the importance of giving the child all that can be secured of its mother's milk. The older he is before he is taken from the mother's breast, the better his digestive organs will be fitted to encounter the difficulties and vicissitudes of artificial feeding. A start of two or three months' entire or partial nursing is of the greatest benefit.

There are, however, many cases in which every effort fails and other

supply must be secured. The more carefully one tries to modify and adapt the mother's milk, the rarer these instances become.

A change from the mother's breast being decided upon, how shall we proceed to furnish the infant with a suitable food? The best results have followed efforts to so modify cow's milk that it closely resembles the normal secretion from the mother's breast. Not only must the milk be made to resemble the mother's milk, but it must also be given to the child under conditions as closely parallel as possible to those that surround the process of nursing. Due regard must be given to the requirements of the infant and his capacity of digestion. There are thus three problems set before us.

Let us consider the first, and at the outset note the points of difference between cow's milk and the mother's milk.

Compare analyses:

	Water, per cent.	Reaction.	Albumin, per cent.	Fat, per cent.	Sugar, per cent.	Salts.	Starch.
Mother's Milk . . .	88	Alkaline.	1 to 2	3 to 4	7	Trace.	None.
Cow's Milk	87	Acid.	4	4	4½	Trace.	None.

Cow's milk shows a great excess of albumin, more than twice the amount in mother's milk.

We have been discussing excessive albumin in the mother's milk as the cause of indigestion. Clearly the infant cannot digest three to four per cent. of albumin. This excess must be corrected in some way. The fat in cow's milk, if of good quality, may be about the same, three to four per cent.

Sugar in cow's milk falls below, being but four and five-tenths as compared with the breast secretion of seven per cent. sugar.

Testing with litmus paper shows the mother's milk to be alkaline, whereas cow's milk is slightly acid.

The first care must be to reduce the percentage of albumin by diluting the milk with water. This process, while it secures the albumin in the requisite percentage, brings the fat and sugar far below what is required. It becomes necessary, therefore, after having diluted the milk and so reduced the albumin, to make up again the deficiency in fat and sugar. This can be done by the addition of cream and milk-sugar.

Following certain rules laid down by experimenters in this field, we can so modify in this way cow's milk that it will furnish on analysis

about one to two per cent. of albumin, three to four per cent. of fat, and seven per cent. of sugar.

Dilution with water not only reduces the percentage of albumin, but it also brings about a change in the formation of curd in cow's milk, rendering it similar to that forming in mother's milk. Instead of curdling in large masses in the ordinary way, it is found that after dilution with five times the volume of water the curd now forms in minute particles imperceptible to the eye similar to the curd of mother's milk. Meig's mixture of cream, milk, and water is a very well-known and useful formula. The cream used is the twenty per cent. fat from a centrifugal machine, or if this cannot be secured I have advised the cream that would rise during the night from milk secured on the previous evening for that purpose.

The following mixture will give the analysis I have indicated:

Cream (twenty per cent. fat, or from milk set aside on the previous evening), ℥iii; milk, ℥ii; water, ℥x; milk-sugar, ʒiii.

In places remote from town the cream skimmed from the pan set by on the previous evening should be added to the milk secured in the morning. Sufficient should be made in the morning to last the entire day.

This cream mixture still lacks in two particulars the correspondence we are striving to secure with mother's milk. It is not sterile and it is acid in reaction. Mother's milk contains no bacteria except in case of disease such as phthisis or disease of the breast itself.

We can easily secure destruction of bacteria by heat. Instructions are, after making the mixture of cream, milk, water, and sugar, to put in a gem-jar or flask and immerse in a pot of boiling water for twenty minutes, the jar being loosely stoppered with absorbent cotton. The jar can now be securely sealed and the milk will remain sweet until used.

In this way one can no doubt get rid of the bacteria, but we are not so sure with reference to the chemical products the result of bacterial activity up to the period of sterilization. Obviously it is much better to secure milk which has been sterilized at once and which has been secured under the most favorable conditions with reference to cleanliness, both of the milkers and animals. Milk taken from a healthy animal after thorough washing of the milker's hands and the cow's udders will contain at the outset comparatively few bacteria, and if at once sterilized there has been little opportunity for bacterial development and those chemical changes which bacterial development implies. In country places these precautions can be observed with little difficulty. In town, fortunately, a great improvement has taken place with refer-

ence to the cleanliness of milk, but still some time must elapse between milking and the process of sterilization. In Toronto and in many large cities excellent work has been done in the establishment of dairy farms, which are the embodiment of the most recent ideas surrounding the problem of securing a milk supply free from danger of infection or defilement of any kind.

The benefit accruing from these model dairy farms is not limited to their own patrons, but extends to the entire community in lesser degree, for the reason that these establishments set the pace, as it were, and the interests of their competitors demand that they shall approximate to the same high standard.

A special feature of these milk laboratories is the furnishing of milk suitable for infants of any age. By a certain process they are able to furnish milk containing a given percentage of albumin, cream, etc. Prescriptions are received indicating the amount of each constituent desired. This is, of course, the ideal food next to the healthy mother's milk. It is slightly expensive, but if one takes into consideration the expenses of an ailing infant, medicinal and otherwise, this becomes insignificant. This laboratory method has the great advantages of being exact and of being changeable from day to day until the requisite percentage has been secured. Since these institutions are only found in the large centres, the cream mixtures such as I have discussed must suffice for the great mass of the population. With a little care in securing milk from a good, clean source, twice daily, as soon as possible after milking, and at once mixing and sterilizing, little difficulty will be experienced. If the mixture constipates, increase the cream; if it gives rise to colic, etc., and curd passes, dilute with more water. Always use milk-sugar, as certain fermentations occur in solution of cane-sugar which are not possible in milk-sugar.

How much should the child have and how many meals a day? Taking as our standard the healthy nursing child, we easily arrive at the number of meals. It should be fed in the first weeks every two hours between six A.M. and ten P.M. and once at night.

Turning to the digestive organs of the young infant, we find the answer to the first part of our query.

The infant's stomach at birth holds one ounce and quickly enlarges, until at six months it will hold six ounces. At six months the number of feedings will have been reduced to six in the day and the meal increased to six ounces.

The infant had better have this food out of a bottle, flask-shaped preferable, without angles, so that it may be thoroughly cleansed, a rubber nipple fitting over the neck of the bottle. There should be a

double supply of bottles and nipples and the most thorough cleansing should be secured. Attachments, such as long tubes, should not be permitted. It is impossible to cleanse them, and, moreover, with such a bottle the child can feed himself, doing away with the regularity in feeding so esential.

How long shall the child be kept on this food? Until he has several teeth. Then he may have, in addition to milk, a bit of meat to suck at, or a crust of bread with plenty of good butter, or a crust in dish gravy, but still his diet should consist of milk chiefly, avoiding excess of starchy food, such as oatmeal, corn-starch, potatoes, biscuits, arrowroot, etc. Infants take fats well, but have limited digestion for starchy foods. The infant's mother's milk is rich in fat-sugar, but contains no trace of starch.

I have discussed the only infant's food, good, fresh milk, modified so as to meet the requirements of the infant's digestion. It contains everything that he requires. If properly adapted and in sufficient quantity, the child will increase in weight and have the necessary amount of undisturbed sleep.

I said the only food. It is true the manufacturing chemists have for many years been endeavoring to take to themselves the function of providing food for infants. These efforts have resulted in the production of a great many absurdities. Unfortunately for the child, the manufacturers must have something which they can box up and store or ship to great distances. Accordingly we find their wares to consist of condensed milk with sugar or condensed milk and sugar combined with some form of starch. That one should prefer ancient condensed milk, having fresh pure milk at hand and the means of modifying it, or should consider starch a suitable substance to place in the infant's food, seeing that the mother's milk contains no trace of it, may be intelligible from the stand-point of the manufacturer, but is utterly incomprehensible to any one else.

EDUCATIONAL

IN CHARGE OF

ISABEL HAMPTON ROBB

HOSPITAL ECONOMICS

At the request of the American Society of Superintendents of Training-Schools for Nurses, Teachers College offers a special course in Hospital Economics. The aim of the course is to fit persons who are already trained nurses for the responsible duties of superintendents of hospitals and principals of training-schools for nurses. The requirements of this course are as follows:

1. Each candidate must present a recommendation for admission from the Board of Examiners of the American Society of Superintendents of Training-Schools for Nurses, certifying to the moral character of the applicant, and her qualifications for undertaking professional work.

2. The Board of Examiners require evidence of the satisfactory completion of an approved course (1) in a secondary school, normal school, or college, and (2) in a nurses' training-school. For full particulars concerning these requirements address the chairman of the Board of Examiners, Mrs. Hunter Robb, 1342 Euclid Avenue, Cleveland, Ohio.

3. The prescribed course of study is as follows:

Prescribed (6 hours):

Psychology A—General psychology—3 hours, first half-year.

Education 3—Application of psychology in teaching—3 hours, second half-year.

Hospital Economics 1—Methods and practice—1 hour.

Hospital Economics 2—Hospital and training-school organization and supervision—2 hours.

Elective (9-12 hours):

These courses are recommended:

Biology 3—Physiology and hygiene—2 hours.

Domestic Science 1—Foods, *or*
Domestic Science 2—Food production and manufacture, *or*
Domestic Science 3—Foods, advanced course, } 4 hours.

DOMESTIC SCIENCE 4—Home sanitation and management—2 hours.
DOMESTIC SCIENCE 6—Bacteriology—1 hour.
DOMESTIC SCIENCE 7—Household chemistry—2 hours.

Students who can satisfy the requirements in any of the prescribed subjects may elect other subjects of equal credit in any department of the college with the approval of the dean and the professor concerned.

SUBJECTS OF THE COURSE.

The subjects enumerated in the course of study are, with the exception of Hospital Economics 1 and 2, regular collegiate courses. Teachers College is a professional school for the training of teachers; hence its work is directed towards teaching, even in courses which are usually offered in colleges and universities. Some of these courses are intended especially to lay the foundations for a scientific theory of education; others are directed towards the practical work of teaching, and yet others seek to give the intending teacher a better knowledge of the subjects to be taught.

The courses which are chiefly professional are Psychology A and Education 3. In these courses the student is introduced to some of the most important topics in psychology, and is led by experiment and observation to apply the fundamental psychological principles to instruction and the general conduct of school work. Education 3 is concerned with both the science and art of education—with the science so far as it is dependent upon the laws of mental development, with the art so far as it involves the application of these laws in observing, planning, and teaching a lesson. The special aim is the development of a scientific method of the recitation and the application of the principles of method to individual studies and to standard text-books.

The various courses in Biology and Domestic Science are intended to broaden the student's knowledge of the fundamental principles of science and to give her practical direction in making this knowledge of service in teaching. The courses in Hospital Economics, which are carried on under the direction of the Committee of the American Society of Superintendents of Training-Schools for Nurses, aim to present the practical problems of hospital administration and to give students systematic instruction in the organization and management of training-schools for nurses.

The general supervision of this course will be in the hands of Miss Anna L. Alline, who will supplement the work of the special lecturers and conduct such excursions and field work as may be found necessary

in the successful pursuit of the course. Thus it is proposed during the year to make careful studies of the following subjects:

Laboratories: preparation of culture media; isolation and culture of bacteria; preparation of antitoxins. Milk laboratories: modified milk; sterilized milk; Pasteurized milk. Dairies: source of bacteria in milk; effect of bacteria on milk. General hospitals. Private hospitals. Special hospitals. Training-schools. Small general hospitals. Insane asylums. Dietary on scientific basis in an insane asylum. Operating theatre: sterilizing plant; preparation for operation; detail work of clinic. Philanthropic organizations: relations to the nursing profession.

SYLLABUS OF SPECIAL LECTURES ON HOSPITAL ECONOMICS.

I.—Hospital Construction, Sanitary, and Ventilation.

Four lectures by Miss Eva Allerton, Rochester Homœopathic Hospital, Rochester, New York.

Temporary. Permanent.
Location: City; country; suburban.
Situation on plot. Arrangement of buildings.
Structure: Arrangement. Administration. Wards—Toilet—Serving-rooms. Laundry. Kitchen. Foundation. Superstructure.
Water supply. Heating. Ventilating. Lighting. Disposal of waste.

II.—History of Hospitals.

Three lectures by Miss M. A. Nutting, Johns Hopkins Hospital, Baltimore, Md.

A Brief History of Medicine and Foundation of Hospitals from Earliest Records of History up to Christian Era.

The Primitive Period: Medicine and surgery among animals. Theories of disease among savages. Primitive medicine,—herbs, bleeding, etc. Primitive surgery,—usual operations and kinds of instruments, inoculation.

The Patriarchal System: Power of healing invested in the head of tribe. Magic and sorcery in treatment of disease. The village magi,—Zoroaster.

The Systems of Medicine of Ancient Civilizations: Egyptian medicine,—myth and fable. The temples of Saturn. The rite of incubation. Evidences of knowledge of medicine four thousand years before

Christ. Medical schools,—study of anatomy. The priest as physician. The great temple of Dendera,—was it a hospital? The papyrus Ebers.

Jewish Medicine: The Mosaic laws. Comparison with sanitary and hygienic measures of to-day. The Talmud.

Hindu Medicine: The Ayur Veda. The Brahmins,—their materialistic religion. The Buddhists,—their high ethical standards. Special outgrowths,—splendid system of hospitals. First authentic record in history of such institutions. Buddhist Emperor Asoka. Famous hospital at Surat still in existence.

Passage of Entire Healing Art from Egypt into Greece.

Greek Medicine: The Gods of medicine,—Apollo, Æsculapius. The temples at Epidaurus. The serpents. Pilgrimages thither of the sick. Medical schools. Superstitions, charms, incantations. Hippocrates, the "Father of Medicine." Gradual decline of superstitious rites and ceremonies. Conflict between science and priestly encouragement of medical superstition. Pythagoras,—the Alexandrian school.

Roman Medicine: The *tabernæ medicæ*. Galen.

The Establishment of Christianity.

First Beginnings of Institutional Life.

Hospital Foundations: Hospital of Basil at Cæsarea. Hospital founded by Fabiola in Rome; foundations at Constantinople, Alexandria, etc. Hospital founded first in France at Lyons.

Dependencies of religious establishments: At bishops' houses; at monasteries, convents. Study of the ecclesiastical machinery of that period.

The Hotel Dieu at Paris: Outline of its history.

The Middle Ages.

The Crusade: Religious orders and their institutions. The Knights of St. John of Jerusalem,—their system of hospitals. Our Lady of Mount Carmel. Leprosy in the Middle Ages. Lazarettos. St. Giles. Cripplegate.

English Hospitals: First founded at Canterbury. St. Bartholomew's in 1100. St. Bartholomew's in 1895. St. Thomas's—Christ's Hospital—Guy's. The Reformation and gradual emancipation of hospitals from ecclesiastical control.

Brief Sketch of Military Hospitals: Their origin and growth. Florence Nightingale—Kaiserswerth.

Hospitals of America.

Record of Ancient Foundations in Mexico.

Canada: The Hotel Dieu of Quebec founded in 1639—in 1864 the Hotel Dieu of Montreal; both still under ecclesiastical control.

United States: First establishment Bellevue, New York, 1658. Its early history; combination of almshouse, asylum, and hospital. Outline of the history of the Philadelphia (Blockley), 1742; Pennsylvania, 1750; the New York, 1770. History of civil administration. Establishment of training-schools. Advance of medical science. Latest statistics.

BIBLIOGRAPHY.

Hospitals and Asylums of the World. Three volumes. Henry C. Burdett.

The Condition of Gaols, Hospitals, and other Institutions as described by John Howard. J. B. Bailey. London, 1884.

The State Prisons in England and Wales and an Account of Some Foreign Prisons and Hospitals. J. Howard Warrington, 1784.

An Account of the Principal Lazarettos in Europe. J. Howard Warrington, 1789.

Hospitals—French, British, and American. E. B. Maxzon, Philadelphia, 1868.

Hospitals: Their History, Organization, and Construction. W. G. Wylie, New York, 1877.

Workhouse Hospitals. J. H. Stallard, London, 1865.

Hospitals: Their History, Construction, and Hygiene. J. F. Sutherland, Edinburgh, 1882.

An Essay on Humanity—A View of Abuses in Hospitals with a Plea for correcting Them. W. Nolan, London, 1876.

Hospital Construction and Management. F. J. Monat. H. S. Snell, London, 1883.

Memoranda and Documents relating to the Royal Hospitals of London (St. Bartholomew's, Christ's, St. Thomas's, Bethlehem, and Bridewell). London, 1863. (Surgeon-General's Library, Washington.)

Étude sur les Hôpitaux. A. Husson. Paris, 1862.

Review of the History of Medicine. T. A. Wise, M.D.,

Sanitary Associations during the Franco-German War. The American Ambulance. Thomas W. Evans, London, 1873.

An Account of Bellevue Hospital from 1736 to 1894. Edited by Robert J. Carlisle, M.D.

The History of the Pennsylvania Hospital from 1701 to 1895. By Thomas G. Morton, M.D.

Hospital Construction. Florence Nightingale.

Hospitals, their Size and Progress. An Address. J. H. Armsby, Albany, 1852.

History of Some American Hospitals. J. H. Armsby, Albany, 1853 (?).

On the Construction and Management of Hospitals. Dr. Jacobi.

III.—Hospital Administration.

Six lectures by Miss Maud Banfield, Polyclinic Hospital, Philadelphia, Pa.

Organization. Sketch of methods of government of Hospitals in England, France, Germany, Italy, Austria. Hospitals as carried on by Religious Orders to-day.

Usual organization of American General Hospitals.

Governing bodies: The Trustees, Governors, or Board of Management.

Committees of the Trustees: Executive; House; Property; Finance. Faculty and Medical Staff; relation of the Trustees thereto.

The Superintendent. Qualifications. Relation and responsibility to: *a.* Trustees; *b.* Faculty and Medical Staff; *c.* Regular Hospital Staff; *d.* Patients.

Duties of Superintendent: Outline of domestic organization. Departmental business relating to the Trustees. Appropriations and Expenditures. State aid. "Political Pull." Ordinary receipts. Appeals for aid. Advertising. General control of finance. Office work and organization. Voucher system. "Uniform System of Accounts." Comparative cost of dispensary patients. Check system of authorizing expenditures.

Drug Store: Receipts and Expenditures. Stock—manufacturing. Drugs which deteriorate with keeping. Prescriptions, at cost, profit, and free; method of checking up. House, medical and surgical supplies, cotton, glassware, etc. Estimates and card catalogue for same. Fluctuations of the market. Cash register. The apothecary employed, and his commissions from drug houses, etc.

Machinery supplies—with a word as to cotton waste.

Buying: Dealing direct with wholesale houses. Through travelling salesmen. Methods to be observed.

Relation of Superintendent to: *a.* College Department; *b.* Laboratory Department.

Central Business Office—Versus distinctly separate administrations.

IV.—Training-School Administration.

Four lectures by Mrs. Hunter Robb, 1342 Euclid Avenue, Cleveland, Ohio.

Division of Hospital Administration.

Nursing Department: Authority of the Superintendent, Principal, or Directress; duties of the Superintendent; organization of. Rela-

tion of the Nursing Department to the Medical Department. Relation of the Nursing Department to the Business Department. The Superintendent of Nurses in relation to small hospitals.

Superintendent's relation to her staff and pupils.

Qualifications of the Superintendent: general personality; education; standards; business qualifications.

Authority: Proper authority—essential to good organization. Limit of authority. Effect of divided authority.

Training-School Committee.

Duties of Superintendent: Office duties; home duties; ward duties; teaching duties; domestic department. Superintendent's relation to housekeeper, laundry department, kitchen department. Office duties: Keeping of books. Reports, monthly and annual. Reception of applicants and visitors. Letter-writing and filing. General business. Home and teaching: Trained nurse as assistant. Maids. Classes. Lectures. Demonstrations. Diet School.

Wards: Making rounds; teaching and criticising; discipline and order.

Organization: Nursing-staff—Grades. Superintendent, Assistant Superintendent, head nurses, night head nurses, Senior and Junior pupils, probationers, orderlies, maids, special nurses. Duties of Assistant Superintendent. Duties of head nurses. Teachers in wards, home, and domestic departments, and in Diet School. Night head nurses. Senior pupils. Junior pupils.

The accepting and rejecting of probationers. Selection, methods of. Uniform requirements.

Nursing Ethics:

To be taught systematically—Definite subjects—Establish good traditions.

Probationers: Discipline and obedience, importance of—Etiquette, towards doctors, patients, officials, nurses, public.

Juniors: Responsibility—hospital manners—health, care of—duty to one's self—voice—touch—step—dress—skill. Manners: Quiet—reserve—patience—cheerful—table manners—temper—observation—punctuality.

Seniors: Study—self-reliance—truthfulness—tact—relation to private patients — gossip — observation — sympathy — sentimentalism — extravagance—selfishness—preparation for alumnæ duties.

Head nurses: Executive ability—relation to pupils—teaching in ward—order—method—system—medical staff—officials.

Private duty: Difference between hospital and private duty. Engagements. Etiquette of private duty. Remuneration—physicians—families—friends—servants. Recreation.

V.—Training-School Administration (continued).

Four lectures by Miss Lucy Walker, Pennsylvania Hospital, Philadelphia, Pa.

Division of Ward Work:

a. Routine work of superintendent of nurses; *b*. of assistants; *c*. of night superintendent. Ward Work: *a*. head nurse; *b*. night nurse; *c*. day nurses; *d*. orderly; *e*. ward maid. In Surgical, Medical, Children's, Receiving Wards, etc. In Operating Room. Hours: *a*. On duty; *b*. off duty; *c*. Sundays; *d*. vacations; *e*. time lost. Placing of pupil-nurses in wards: *a*. Length of service in each; how governed; *b*. Terms of night-duty. Ward supplies. Methods of exchange: *a*. Storeroom; *b*. linen; *c*. appliances; *d*. instruments; *e*. drug store. Division of Work in *a*. kitchen; *b*. diet kitchen; *c*. stateroom; *d*. linen room; *e*. laundry; *f*. cleaning of corridors and outlying buildings, etc.; *g*. nurses' home.

Instruction:

Rules regulating the admission of candidates: *a*. Qualifications; *b*. standard. Probationers: *a*. instruction; *b*. examinations. Lectures, etc.; *a*. Distribution over term of training; *b*. subjects; *c*. by whom given; *d*. examinations. Grading of pupils: *a*. Head nurses' reports; *b*. methods of discipline; *c*. keeping of records. Methods of book-keeping: *a*. Records of pupils; *b*. of candidates; *c*. of probationers; *d*. of head nurses; *e*. of reports, business with Trustees, etc.; *f*. of supplies placed in wards, etc.

PROGRESSIVE MOVEMENTS

IN CHARGE OF
LUCY L. DROWN

WORK FOR NURSES IN PLAY-SCHOOLS

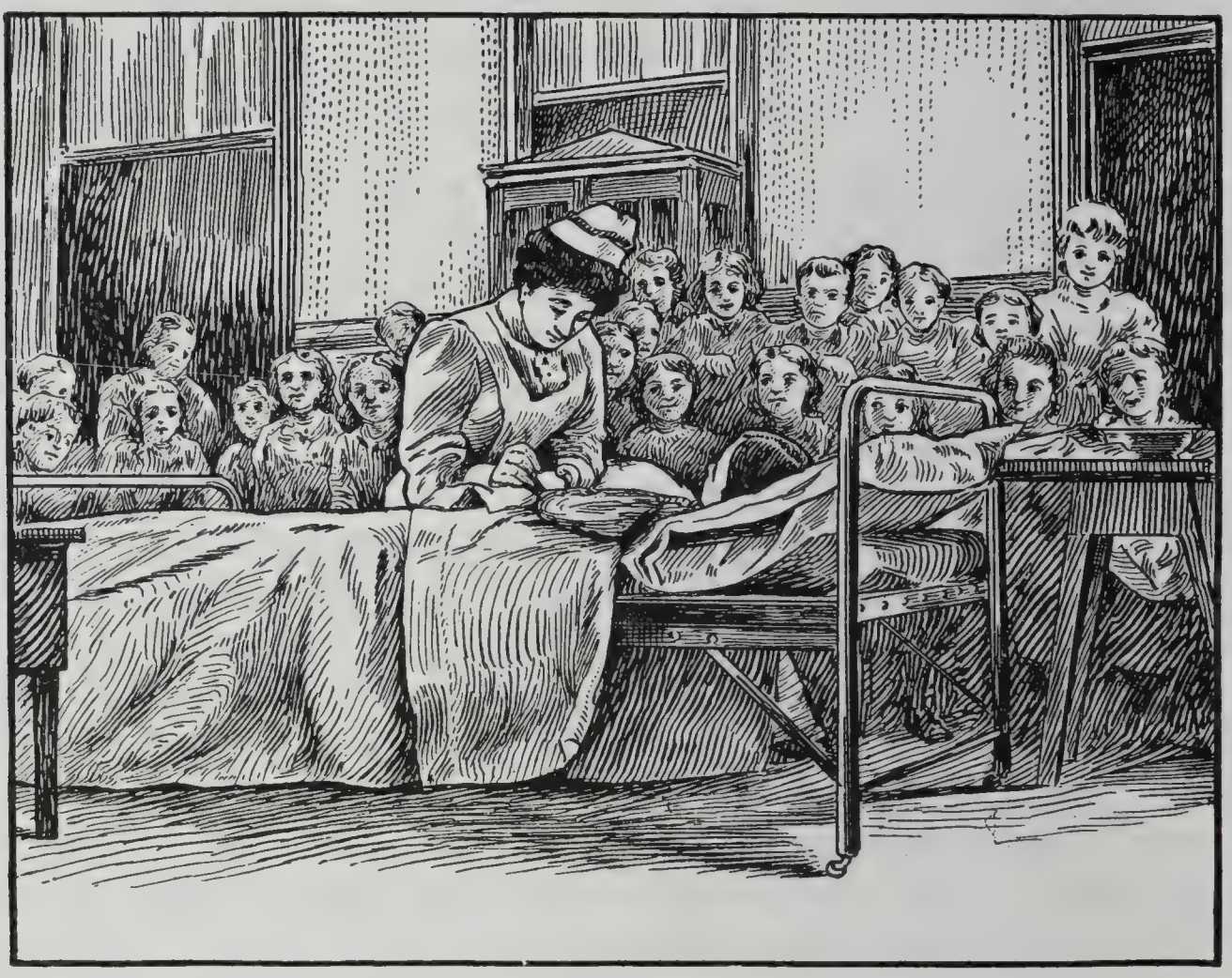
By MARY BOYLE O'REILLY
Secretary of St. Elizabeth's Guild

The story of district nursing has been told so often and so well that practically nothing remains to be said on the subject. Probably there is not a large hospital in America or in England whose graduate nurses have not at some time voluntarily engaged in out-nursing. Such a corps was first organized in Boston in 1886, and the result of their good work is incalculable.

The Boston City Hospital is located near the centre of one of the city's most crowded quarters. Half a mile to the north is the business district; half a mile to the south, the comfortable homes of the well-to-do. East and west lie acres of factories and tenements, lodging-houses, restaurants, catch-penny enterprises, and cheap theatres. In such wards district nurses were not likely to be idle. Experience proved that the chief work lay in trying to impress on these patients the fact that an ounce of prevention is worth pounds of hospital supplies. The very listeners who were quick to acknowledge this wisdom were equally ready to forget it. When the subject came under discussion at a nurses' weekly conference, it was decided to begin on a new line by reaching and teaching the children. To do this the nursing corps of The Boston City Hospital coöperated with the Guild of Saint Elizabeth. This association of young women, then but recently organized, had undertaken the task of making friends with the children of the district. To this end the guild was carrying on the usual work of a social settlement, together with a new form of manual training which was called a play-school. In this play-school (open every week-day during July and August, to which attendance was, of course, voluntary) two hundred children were taught to make toys and dress dollies, and to study and paint the flowers they afterwards distributed. The guild's only object was to keep the little pupils from the demoralizing influences of the streets.

It was to sixty children of the play-school that the first demonstration lecture was given on July 11, 1899. To make the course at once interesting and practical, the opening lesson was on making a hospital

bed and undressing a patient. The demonstration ended in a gale of laughter, and the experiment was an assured success. For eight Tuesdays sixty small but ambitious nurses—note-book on knee—followed the demonstrator through the mysteries of compresses and fomentations, poultices, pastes, bandages, bathing, food, and temperature. Then came lessons on the scientific care of a baby, until one long-suffering infant was actually bathed and fed by twenty eager volunteers.



From being an experiment, the nursing lectures became the most popular course in the play-school. That the lessons taught were not forgotten was amusingly proven by a child patient in the hospital six months afterwards, who, having watched a nurse bathe a baby, gravely took her to task for having omitted some of the frills "which Miss J. taught in the play-school." And when another summer had brought round a second course of lectures (to which only one hundred and twenty of the anxious applicants could be admitted) it was found necessary to borrow a strange baby for the bathing demonstration, since all the play-school babies had clean scalps!

These are only little things, perhaps, but they point the way to large possibilities. In a few summer mornings scores of little girls gained such practical insight into the tiresome physiology of the school-room that it straightway became interesting, while the facts of physical life, too often dwelt on morbidly by the ignorant, assumed a new dignity.

Only those members of the Guild of Saint Elizabeth who followed the children of the nursing-class into their homes could realize to what intelligent use they put their new knowledge in trying to improve, or at least to counteract, the conditions of their unsanitary surroundings. Windows that seemed nailed down were suddenly opened, waste-pipes were flushed with boiling lye, and the baby's illness was traced to the odorous refuse barrel in the back yard.

Although the close of the play-school put an end to the children's lectures, the coöperation of trained nurses and social settlements could go on indefinitely so long as there are young wives to be instructed in the new duties for which they are so pathetically unprepared, and older mothers to be reluctantly weaned from the fatalistic customs of prehistoric times.

NURSES' SETTLEMENT

By LILLIAN D. WALD

The Nurses' Settlement proposes to offer to certain training-schools having, or planning to have, the three-years' course the opportunity to give their pupils training in district work. We feel an obligation to the profession to help those devoted to its interests to develop this important phase of trained nursing. There are many arguments for bringing this into the hospital curriculum. All the responsibility of the sick poor has not been assumed unless a share is taken in the problem of efficient treatment in their homes, and the numerous inquiries that come to the Settlement from educators and graduated nurses show that many of the best thinkers in the profession are interested in the subject. The frequent demand for nurses who have had any experience in it is another reason. Details of the training for pupil nurses are not yet concluded. Roughly outlined, a pupil nurse having had two years' training within the hospital would be eligible for this special training, the hospital agreeing to send the nurse or nurses promised to the Settlement. Each nurse to have no less than two months' training, to reside in her own school, reporting at the Settlement at eight o'clock in the morning, and going back to the school for her dinner (evening) and bed.

The nurses will have the supervision and instruction in their work in the tenements of one of the experienced nurses of the Settlement. Besides professional experience and instruction it is proposed to supplement the work by demonstrations of methods in charity distribution and fresh-air work, with which a nurse must so often combine her labors.

PROPHYLACTICS

IN CHARGE OF

MARY M. RIDDLE

[In the following paper and in others that may succeed it an attempt will be made to give an intelligent nurse a general idea of what has been accomplished in preventive medicine during the past few years. As bacteriology is the basis of all the advances in preventive medicine, it is certainly desirable that a nurse should have some idea of this science. It is not to be expected, neither would it be desirable, for a nurse to be an expert bacteriologist, but it is extremely desirable and all-important for the trained nurse to understand the whys and wherefores of the manipulations in the laboratory, in order that she may understandingly carry out the directions of the physician and surgeon regarding sterilization. It has been claimed that nurses are too highly educated, and, owing to this, are not willing to perform the necessary drudgery of their calling, but this is manifestly incorrect. It is the half-educated doctor and the half-educated nurse who feel that their dignity will be lessened should they perform a certain amount of drudgery. No well-educated physician and no well-educated nurse will ever fail in their duty to the patient because it entails on them a certain amount of drudgery.

The nurse has a very important duty to perform. She is the picket-guard. On her care and watchfulness the well-being of the patient very largely depends. On her report must depend the treatment adopted by the physician in a given case, and on it, in connection with the condition of the patient, the prognosis is frequently based. Important as constant watchfulness is in the non-infectious diseases, it is much more important in the infectious diseases. In this series of papers an attempt will be made to give an idea of the various symptoms to be observed in the earlier stages of the different infectious diseases, the importance of which cannot be overestimated. After a somewhat extended experience the writer can recall many instances where outbreaks of infectious diseases have been prevented by the watchfulness of nurses who have been carefully trained.]

THE RELATION OF BACTERIOLOGY TO PREVENTIVE MEDICINE

By JOHN H. McCOLLOM, M.D.

Resident Physician, Boston City Hospital, South Department, Instructor in Contagious Diseases, Medical School of Harvard University

The great advances during the past few years in the science of bacteriology and the direct influence that these advances have had on preventive medicine, especially in the domain of infectious diseases, render the subject of the utmost importance not only to the profession at

large, but also to those who have the immediate charge of the public health. Edward Seaton, at the Eighth International Congress of Hygiene and Dermography, in a few words expresses the consensus of opinion of educated medical men on this subject. He says that progress in medical preventive work is retarded to a considerable degree by the popular or general conception of the scope of hygiene. "This in England (and a similar remark is true of this country) has come to have far too narrow a significance. The term hygiene is almost always used to apply to structural works (for example, water-supply and drainage), materials, etc., which, however important they may be as necessary for the prevention of some (so-called) preventable diseases, are apparently useless for the prevention of others which are also entitled to be called preventable. It will be impossible to combat diphtheria, influenza, and other diseases, which can only be properly termed preventable when the public and governments understand the necessity for the systematic encouragement of scientific observation and research bearing on the public health and the furtherance of medical preventive work generally."

No board of health can be considered well equipped for its work unless it has attached to it a bacteriological laboratory, not only for the immediate practical work of diagnosis, but also for the furtherance of extensive research. The reason why the Continental boards of health are superior to ours is the fact that there is a chance for this experimental research in addition to the routine work of the laboratory. Many of the most important discoveries have thus been made. Although bacteriology as a science is yet in its infancy, the researches of Leeuwenhoek more than two hundred years ago laid the foundation for all that has since been accomplished. Leeuwenhoek was not a man of liberal education, but was a linen-draper by trade. He, however, learned the art of lens grinding, and carried it to such perfection that he was able to see objects which from his description, as published in a paper presented to the Royal Society of London in 1683, leave little room for doubt that these bodies, which he called animalculæ, were the bacteria of the present day. Nothing was done at this time, and, indeed, for two hundred years, in the classification of these organisms or in studying their life history, which is a very important factor in differentiation of the various species. Pleneiz, a physician of Vienna in 1762, was a firm believer in the truth of Leeuwenhoek's theory. He claimed that the material of infection was a living substance, and explained in this way the variation of time in the incubation of different infectious diseases. This physician also advanced the theory that there was a special germ for each infectious disease, the truth of which theory has been shown by the light of our present knowledge on this subject. It was not, however, until the first half of the

present century that a number of important discoveries established the true relation of the lower organisms to infectious diseases. The question of spontaneous generation of the organisms occupied the attention of scientific men for nearly two hundred years. In 1749 Needham thought that he demonstrated conclusively that these organisms were developed spontaneously, but the laxity of his method was shown by Spallanzani in 1769. From the time of the experiments of Spallanzani until the time of Schulze in 1836 no advance was made in this subject. In 1860 Hoffman and in 1861 Pasteur demonstrated that by closing the top of a flask by a loose plug of cotton the entrance of organisms would be prevented. This is the method that is in daily use in the laboratories. The previous observers had drawn the top of the flask to a narrow point or had passed the air through strong acid solutions or through highly heated tubes.

The next step in advance was the use of the oil immersion lens and the Abbé condenser, which throws a flood of light on the slide under the microscope. But perhaps the most important discovery was the use of solid culture media. Previous to its use it had been impossible without great difficulty to obtain a pure culture of any organism. It is impossible to study any of the various organisms without first obtaining a pure culture. The solid culture media now in general use are a ten per cent. solution of gelatin in beef-broth and also agar, a production from a Japanese sea-plant, and a component part in the well-known lacquer varnish. The advantage of agar is the fact that it does not liquefy at the temperature of the incubator, and hence is a useful adjunct in cultivating organisms at the temperature of the body. Solidified blood-serum, egg albumen, and bread paste are used in the manipulations of the laboratory. Loeffler found that the bacillus of diphtheria grew more characteristically on blood-serum than on any other culture medium. The use of Petri dishes, which are small, flat dishes of glass about four inches in diameter, simplifies the work in the laboratory to a very considerable extent. The use of the aniline colors for staining micro-organisms and the staining reaction for purposes of differentiation have been important steps in the advancement of bacteriology.

This short and imperfect outline of this science gives no idea of the immense amount of patience required to establish a few well-recognized and accepted facts. The number of non-pathogenic organisms that have been discovered is very large, but the number of pathogenic organisms is not very great; enough work, however, has been done in this line, and a sufficient number of organisms proved to be the cause of certain infectious diseases have been isolated, to prove of great benefit not only to preventive medicine, but also to general medicine. The study of the

pathogenic bacteria alone is of importance to the physician, interesting as the study of the non-pathogenic may be. Ehrenberg in 1838 and Dujardin in 1841 considered all bacteria to be infusoria, but now they are recognized as vegetable micro-organisms differing essentially from infusoria, which are unicellular animal organisms. The difference between animal and vegetable organisms is the fact that the former receive food into the interior of the body, assimilate the nutritious portion, and extrude the non-nutritious residue, while the latter are nourished through the cell-wall by organic or inorganic substances held in solution. The term bacteria comprises a large group of these minute vegetable organisms, which multiply by a process of transverse division. They are spherical, oval, rodlike, and spiral in shape, and are commonly devoid of chlorophyll. These organisms are divided into two great classes,—saprophytes, which obtain their nutrition from dead organic matter, and parasites, which thrive always at the expense of some other living organism, and cannot, as a rule, develop upon dead matter. Some of these organisms, however, have the property of a dual existence, accommodating themselves to the surroundings, at one time leading a parasitic and at another time a saprophytic form of existence. These organisms are known as facultative parasites or saprophytes. The pathogenic organisms are parasites, or in certain instances facultative saprophytes.

Bacteria are also divided into aërobic and anaërobic; that is to say, certain of them grow in the presence of oxygen, and certain others will not grow in the presence of oxygen. A notable example of the latter class is the bacillus of tetanus, and it emphasizes the importance of free incisions in punctured wounds where there is any suspicion of the entrance of the bacillus of tetanus. Bacteria are also divided into cocci, or round bodies, in which all of the diameters are equal; into bacilli, in which one diameter is longer than the other; and spirillæ, in which the organisms are curved when seen in short segments, or when in longer threads are twisted in the form of a corkscrew. Cocci are divided into staphylococci, growing in masses like clusters of grapes, and streptococci, those growing in chains; diplococci, those growing in pairs, and tetrads, those developing in fours. Certain of these organisms have spores, and the presence or absence of spores has an important bearing on the subject of disinfection, spore-bearing organisms being extremely difficult to kill. It is this fact that led Tyndall and Pasteur to adopt the process of fractional sterilization, which is now used in every laboratory. This process consists in subjecting the culture medium to be sterilized to a temperature of 100° C. for fifteen or twenty minutes for three successive days, the object being to destroy all the mature organisms at the first sterilization and then allow the spores to sprout and be

destroyed at the second and third sterilizations. Experience has proved that three sterilizations are sufficient to destroy all organisms that may be present in the culture medium.

Time will not permit of any further account of bacteriology in general, but a study of some of the most important of the pathogenic microorganisms may be of interest. The infectious disease known as anthrax, or malignant pustule, has been demonstrated to be due to a known specific organism, the bacillus anthracis. This organism was discovered by Davaine in 1850. He found this bacillus in the blood of infected animals and demonstrated the etiological relation of the organism to the disease. This bacterium is a bacillus of moderate size and stains readily with the usual aniline colors. It bears a very marked resemblance to the bacillus subtilis, from which it can be distinguished by its non-motility. It is a spore-bearing organism, and for this reason it is extremely difficult to kill. In the countries where the disease most frequently prevails it has been found that the bodies of animals dead from the disease, although buried two or three feet deep, were sources of infection for a very considerable period of time. Fortunately, in this country the disease is comparatively rare, being usually found on workers in wool, hence its name, "wool-sorters' disease," or among those who handle horse-hair. This bacillus is pathogenic for cattle, sheep, horses, rabbits, guinea-pigs, and mice. White rats, dogs, and frogs are not susceptible to the disease. Man is not particularly susceptible, but may be subject to local infection from accidental inoculation, giving rise to malignant pustule, or to anthrax of the lung contracted from inhaling the spores of the organism while sorting wool or hair from infected animals. Where a partial immunity has been acquired as the result of inoculation with attenuated virus, hypodermic injections of a pure culture sometimes may give rise to a slight local inflammatory process with a certain amount of effusion of bloody serum, in which the bacillus is found in considerable numbers, but the blood is not invaded by the organism and the animal recovers after a slight illness. In 1892 Petermann made a series of experiments with cultures of the anthrax bacillus filtered through porcelain. He found that these cultures injected into the veins of susceptible animals had a certain preventive action, but the immunity was only transitory, lasting not longer than a month or so. Strauss, Chamberlain, and others have established the fact that the anthrax bacillus may pass from the mother to the fœtus in pregnant females. Wolff, however, has shown that this does not always occur. The question of the entrance of the virus in this way is a very interesting point and merits further and more extended investigation.

(To be continued.)

HOSPITAL AND TRAINING-SCHOOL ITEMS

IN CHARGE OF

LINDA RICHARDS

For several years those having most to do with the insane in Massachusetts have been making a movement in the direction of State care. The medical profession practically unanimously favor it; and when the new Board of Insanity came into existence the act creating it specified that in 1900 it should make a report on the subject to the Legislature. This it did in a very thorough and comprehensive way, indicating a plan by which it could be effective. This report was heartily and unanimously endorsed by the medical profession. It also impressed itself as reasonable and desirable on the minds of the various legislative committees, so that all reported in favor of it. By the operation of the new act all the insane in almshouses will gradually be placed in State institutions, though the new law does not go fully into effect until 1904. A most important step towards the accomplishment of this end is the establishment of a colony for the cases of long duration which are generally incurable and are usually called "chronic." This colony is probably to be of not less than two thousand acres, and will eventually accommodate an extremely large number of persons, relieving the hospitals and making it possible to use them for the treatment of acute cases.

This will enable the State to have eventually a very comprehensive system of classification, the colony representing, one might say, the end of a chain, the beginning being the hospitals for acute cases, and the intermediate links the small detached colonies of these hospitals, convalescent homes, and homes in which patients can be boarded. The present Board of Insanity, which has already more than justified its creation by the broad and far-seeing manner in which it has taken hold of the problem, can be relied upon to work it out to a successful conclusion.

Consumptive patients in and about Boston, Massachusetts, who cannot be properly cared for in their own homes with safety to their associates, will now be removed by the Boston Board of Health to Long Island Hospital, Boston Harbor, or to Tewksbury, Massachusetts. These patients will be allowed to receive visitors, and life will be made as pleasant for them as the rules of the institution will allow. In the early

stages recovery often takes place, and these patients will be placed under the best possible conditions. They will be given plenty of nourishing food, and special care will be given to ventilation. Strict measures will be enforced to prevent the spread of the disease.

INFORMAL steps have been taken towards the establishing of a hospital in Milton, Massachusetts.

LAWRENCE, Massachusetts, is to have a new one-story hospital which will cost fifty thousand dollars.

IN Middletown, Connecticut, Mr. William P. Cannon has purchased of Mr. Fountain the Gardner place on Washington Street. It is to be used as a hospital.

PAWTUCKET, Rhode Island, has a movement well under way for the establishing of an emergency hospital.

THE County Commissioners at Hartford, Connecticut, have opened bids for the erection of a hospital building at Warehouse Point.

THE trustees of the Newton Hospital have asked for an appropriation of thirty-five thousand dollars to erect two contagious wards containing twenty-five beds each. These wards are to replace those which were burned a few months since, and which had for a long time been much too small for the needs of the hospital.

MISS IDA WOOD, of Worcester, has been appointed matron of the hospital at Clinton, Massachusetts. She fills the vacancy made by the resignation of Mrs. Mary E. Rollins.

ACTION has been taken by the trustees of the Fall River Hospital practically assuring the union of the two hospitals as soon as a new corporation can be formed. The plan of waiting until the subscriptions to the building fund reach forty thousand dollars has been abandoned, as Mr. John S. Brayton desires to convey a deed of the land offered as site as soon as possible. To meet with his desire the trustees of the hospital have withdrawn the stipulation that forty thousand dollars be paid in or subscribed before acting.

A BRANCH of the Boston Emergency Hospital, to be conducted along the same general lines as the main institution, will be established at 16 Orange Street, Worcester, Massachusetts, where a representative of the Hospital Association has engaged rooms which will in the near future be fitted up for hospital use. Dr. Francis Shaw, ambulance surgeon at

police head-quarters, has been offered a place on the house staff of the new institution. The Boston Emergency Hospital Association has recently started to establish branch hospitals in the principal New England cities. The association issues to men, women, and children a non-transferable certificate for one dollar which entitles the holder to medical and surgical treatment for one year in the institution. If the certificate-holder desires, he may be treated at the General Hospital, 142 Kingston Street, Boston, instead of at the branch in Worcester.

THE Ardendale Sanitarium Company, of Greenwich, Connecticut, has filed a certificate of organization. The purpose specified is to establish, conduct, and operate one or more general and special sanitariums for the care and treatment of all diseased conditions, particularly those due to nervous disorders. The capital stock is divided into two hundred shares.

IN Milford, Massachusetts, a committee has been appointed to take steps towards the establishing of a new hospital in that town.

WORK is progressing on the new hospital buildings at Middletown, Connecticut.

THERE is talk of purchasing Folly Hill, in Danvers, Massachusetts, as a site for a sanitarium.

BY the will of Mrs. Maria M. Curtis the House of Mercy, Pittsfield, Massachusetts, receives five hundred dollars for the support of a child's bed.

THE trustees of the Morse Hospital, Natick, Massachusetts, were recently made happy by receiving a check for one thousand dollars from Miss Elizabeth Cheney, of Wellesley, Massachusetts.

A REQUEST has been made for an appropriation for additional improvements and alterations at the Long Island Almshouse Hospital, Boston Harbor, Massachusetts.

THE Newburyport Hospital has lately come into possession of five hundred dollars from a bequest of Judge Henry M. Chase, of Barnstable, Massachusetts.

BIDS for a new hospital in Waterbury, Connecticut, are expected to be handed in soon.

Among the more recently built nurses' homes that of the Hartford, Connecticut, Hospital may be mentioned as very complete in all its appointments. The building is of brick, three stories high, with wide, comfortable verandas on each story. It has fifty-five single rooms for nurses, besides rooms for the superintendent of the training-school and her assistants, roomy parlors, a very nice library, a bright, airy dining-room, commodious lecture- and class-rooms, and plenty of sunshine everywhere. The nurses find it a very pleasant contrast to their small rooms in the hospital. The part of the hospital heretofore occupied by the nurses is being transformed into a model obstetrical ward, which has for a long time been much needed, as the ward used now for that purpose is often overcrowded.

The trustees of the North Adams, Massachusetts, Hospital are erecting a very nice home for their nurses which they expect to have completed by the last of November. The building, which is of brick, has three stories, and will accommodate the superintendent, her two assistants, and fourteen nurses. Each nurse will have a room to herself, and the parlor, class-room, and dining-room will be commodious and attractive. The rooms in the hospital now occupied by nurses will be used for patients, thus increasing the capacity of the hospital to fifty beds.

Miss S. F. Palmer, superintendent of the City Hospital, Rochester, New York, has been granted a four-months' leave of absence. Miss Smart, her assistant, takes her place while she is away, and Miss Mary E. Pierson, who for four years was Miss Palmer's assistant at the Garfield Hospital, Washington, D. C., is taking Miss Smart's duties.

The "Twentieth Annual Announcement of the Illinois Training-School for Nurses" is, we think, besides being very complete, the first of its kind issued. It surely fills a long-felt need in that it gives the prospective pupils the exact information so necessary to them, and which they usually fail to receive. We would be very glad to see similar announcements sent out from all training-schools.

Miss E. L. Stowe, who for the past nine years has been the efficient and valued superintendent of nurses at the Rhode Island Hospital, Providence, Rhode Island, has, because of ill-health, been forced to resign her position. She will take a long rest, and will spend some months with friends in the West.

WITHIN the past year more than sixty thousand dollars have been spent upon the St. Joseph's Hospital, Sioux City, Iowa, and the capacity has been increased from sixty to one hundred and twenty-five beds. In every particular the arrangements are complete. There are three wards for men and three wards for women, besides seventy-five rooms. There are two well-equipped operating-rooms, one of which is used by Dr. William Jepsons in his work of demonstrator of anatomy of the Sioux City College of Medicine. A training-school for nurses is soon to be organized in connection with the hospital.

THE Small Hospital, West Superior, Wisconsin, is expected to be ready for occupancy by September 15.

THE Seattle General Hospital, Seattle, Washington, has recently changed hands, and is now run by the Deaconess Hospital Association of the Methodist Episcopal Church. Mrs. M. King is superintendent of the hospital and training-school. The hospital is now in leased quarters, but is putting up a building of its own, which is to be ready for occupancy in about three months. When they move into the new hospital there will be a superintendent of the Sunday-school in addition to the superintendent of the hospital.

THE Manod Hospital, Seattle, was opened as a lying-in hospital, but has been changed to a general hospital. It is owned and managed by two trained nurses, Miss Alma Anderson and Miss Elizabeth Carrigan.

THE Providence Hospital, Seattle, is a Roman Catholic hospital. The nursing is done by sisters. It has no training-school.

THE Samaritan Hospital, Sioux City, Iowa, under the management of the Woman's Christian Association, is modern in its appointments and is yearly increasing in size and importance. It has accommodations for sixty patients. Nineteen private rooms are in constant use. It has a training-school of fourteen nurses. The work is largely surgical, not less than two or three operations being performed daily. The amount of work done at the hospital has more than doubled in the past two years, many improvements have been made, a new operating-room has been built, and other additional rooms have been provided. During the past year sixty electric bells have been put in, the old floors have been replaced by new hard-wood floors, additional rooms for nurses have been made in the third story, and two wards have been newly

furnished. Recently the hospital has purchased the property north of the present site. The newly acquired property consists of a lot of land and a large double house, which will soon be remodelled and put into use. Miss Lucy C. Ayers, graduate of the New Haven, Connecticut, training-school, has charge of the hospital.

Erie County Hospital, Buffalo, New York, is to have two new buildings—one to be used for consumptive cases, and one for cancer and skin diseases.

St. Alexander Hospital, New Ulm, Minnesota, is to have two additional buildings. They are to be three stories with basement. One will soon be completed, and the other will have foundations laid this fall, the work to be completed next spring.

St. Mary's Hospital, Quincy, Illinois, is to have an addition. Work has already been commenced upon it.

Buffalo, New York, is to have a new emergency hospital. It is expected to be completed by May 1, 1901.

The new Eye, Ear, and Throat Hospital now being built at Austin, Texas, is expected to be ready for occupancy by January 1, 1901.

Grace Hospital Training-School, Detroit, Michigan, recently graduated a class of fourteen nurses. The exercises, which were held in the beautiful new Nurses' Home, consisted of an opening prayer by the Rev. Mr. Markridge, a very liberal supply of music by the Mandolin Club, an address by the Rev. John McDowell, presentation of diplomas by Mr. Cleveland Hunt, and an address by the Rev. Mr. Markridge. At the close of the exercises refreshments were served to about two hundred friends.

FOREIGN NEWS

ORGANIZATION NOTES AND CURRENT EVENTS

A SURVEY of our sisters' activities in other parts of the world shows much of interest and promise, with an occasional crisis here and there.

IN CANADA.

LATELY a bill was brought before Parliament providing for a Canadian Nurses' Association. It seemed to be supported by but a small body of nurses, with an indefinite background of medical men. The draft of the bill was in brief as follows: Six nurses, mentioned by name, were to be incorporated under the above title, "together with such persons as become members of the Association." ("*Such persons*" meaning who?) No objects were stated, but revenue and profits accruing were to be used solely for the "objects" of the Association.

The eligibility list included two-years' graduates of general hospitals of a certain size, and six-months' students of lying-in hospitals. Membership was to be conditional on the approval of an Advisory Board composed of medical men. Branches were to be established in the Provinces and "For the better government of the Association" this "Advisory Board of medical practitioners may be annually elected at the annual meeting of the Association: Such board may require candidates for membership in the Association to submit to examination; may impose penalties for unprofessional conduct; rescind certificates of membership for cause, and exercise a surveillance over the affairs of the Association."

We recommend study of this bill as a complete and perfect bad example. It is precisely everything that a bill for nurses ought not to be. No legislation at all is infinitely preferable to pernicious legislation.

Thanks to the wisdom and foresight of Mr. Ross Robertson, M.P., the bill was brought to the notice of nurses throughout the Dominion, with the result that it was withdrawn. That the medical men supporting it had done so with excellent intentions is evidenced by the fact that upon learning the objections they not only acquiesced therein, but promised to support a genuinely representative and self-governing nurses' association, under which, we hope, Canadian nurses will take full and dignified control of their professional development.

UNIVERSITY OF
ILLINOIS LIBRARY

IN ENGLAND.

All who are interested in organization will feel the newly formed League of St. Bartholomew's Nurses to be of deep import. The League is similar in its spirit, scope, and plans to our alumnæ associations, and is the first organization of the kind among nurses in Great Britain. It is pleasant to know that our influence had some share in stimulating its formation. However, even without that it would doubtless have taken rise. The League has already a membership of several hundred, has published its journal, and is prepared to take a serious position on public questions. The president asks the members to study all matters relating to the profession, and especially the subject of legal registration, the need of which grows daily more urgent.

The Matrons' Council of Great Britain and Ireland has gone on record for its public-spirited activities in many lines. To mention briefly its more important actions during the past eighteen months:

It initiated and successfully carried through a nursing sub-section of the professional section of the International Congress of Women held last June a year ago in London: Mrs. Bedford Fenwick, convener and chairman of the professional section, had with her on the committee Miss Isla Stewart, matron of St. Bartholomew's Hospital; Miss Louisa Stevenson, of the board of managers of the Edinburgh Royal Infirmary, and Miss M. Huxley, of St. Patrick Dun's Hospital, Dublin.* At a subsequent meeting of the Matrons' Council a resolution offered by Mrs. Fenwick was unanimously carried, proposing the formation of an international organization of nurses.

A resolution was sent to the dean of Durham,—a woman's college having been established in connection with Durham University,—advocating the establishment of a chair of clinical nursing. This resolution, laid by the warden before the senate, was by them referred to the Council of Medicine, by whom it was disapproved. This, however, is only the initial history of all higher education, and need cause no discouragement. The Matrons' Council, in its action, has set a courageous and also an original example.

The council is at present and has been for some time actively interesting itself in nursing reforms in the army and navy, having petitioned both the Admiralty and the War Office for hearings. Their resolutions, reports, schedules of needed changes and organization plans, incidental relations with the daily press, and letters bringing the matter before the

*** The published proceedings of the Congress may be had from Mrs. Fannie Humphreys Gaffney, 41 Riverside Drive, New York City.**

public have meant an enormous amount of work. Space does not allow a full report of these proceedings, which may be found in the *Nursing Record* of May, June, July, and August of the current year.

Miss Isla Stewart is publishing, in collaboration with Dr. Herbert Cuff, a book on "Practical Nursing," in which she advocates a central preliminary college, certification, and registration.

IN DENMARK.

THE Danish nurses have in the last year formed a national council, and we learn some interesting details of their progress. They have had, as is perfectly natural, trouble between the modern progressive members and the "hardshells," who are afraid of individual freedom. Perhaps they tried to go ahead too fast at first, under the leadership of a nurse who is also prominent for her active interest in industrial, educational, and political questions. There was a reaction, and the old-time element came into full power, which it still holds. The liberal Danish nurses wanted to work for a higher standard of theoretical teaching, shorter working hours, and a lessened degree of subordination in their general affairs. Reports and communications have been sent to them from several of our alumnæ societies, and schedules of hours in our hospitals having the eight-hour system. They hope for our help and support in their efforts, and every American nurse should respond to their wish.

We wish them final success, and, meantime, toleration for their obstructionists, remembering that change of ideas cannot be produced by an effort of the will alone, but requires an actual physical alteration in the brain-cells and the distribution of the blood supply to the brain.

IN HOLLAND.

HOLLAND has its Dutch Association for Sick-Nursing, which has been in existence for seven years. It has established the standard of three years' training, and has been instrumental in effecting various reforms relating to the nursing staff in hospitals. Certain provisions are made to nurses for financial aid in illness, and the association has also provided courses in cookery for the sick for nurses, this branch of instruction being apparently lacking in the hospital curriculum. The association seems to be organized on lines similar to those of the German nursing associations, and publishes a monthly journal.

A new organization has recently been founded in Holland, called the "Dutch Association for furthering the Interests of Male and Female Nurses." It is not yet quite clear to us what policy and objects characterize this new association. The nurses themselves, apparently, take no

very direct interest in the Association for Sick-Nursing, as the secretary complains that few of them attend meetings. Vexatious questions considered at the last meeting were those relating to the protection of private duty nurses from the quack nurse, and to the standing of nurses taught only in hospitals for the insane. The "Hague Committee for the Training of Nurses" desired to join the Association for Sick Nursing. This committee, however, besides training women in a general curriculum, also gives certificates to women who have worked for but one year in an asylum for the insane, and a number of medical men protested against receiving it into membership, on the ground that a general training could not be had in an asylum for the insane; however, against opposition, it was elected in, and the certificates of the association will now be bestowed equally upon the one-year asylum pupil and the three-year hospital student. In our opinion this is an unavoidable feature of early stages of organization, and though a very crude and ill-fitting adjustment, need be only temporary. By coming together to this extent the asylum system and hospital system are more likely to modify each other, so that in time a minimum basis of general training will be acknowledged as necessary for every nurse before she gives herself up to a specialty.

The bogus nurse seems to be giving them some trouble in Holland, and their way out of it seems to them to lie in the direction of a closer guardianship of trained nurses in homes under the control of societies.

IN GERMANY.

We extract the following from the journal of the Red Cross Societies:

"The Imperial Commissioner and Military Inspector of the Society of the Red Cross has made the following announcement: 'The often-proved devotion and self-sacrifice of the voluntary nursing societies of the German Fatherland have again offered every possible aid in the struggle with China. It is to be expected that the Red Cross will rush supplies of every kind for the comfort of our soldiers. In order that all free gifts may be turned to the highest efficiency in corresponding to requirements, I hereby give notice that all offers of service, of appliances and conveniences, as well as all contributions of money, are to be sent to the authorized organization, the German Red Cross Society, and its affiliated orders, through whose officers it will reach me and so be used for the work of the sanitary service of the army. With reference to the above announcement it is to be noticed that the chairman of the German societies to provide nursing in the colonies has placed her services at the disposal of the Red Cross Central Committee and of the Marine Service, for

the work of sending out nursing sisters. All offers of help, whether from fully trained nurses or untrained women, are to be addressed to her excellency Frau von S——, Berlin.' "

We hope in later numbers to have accounts of the nurses' organization of Sydney, New South Wales, "The Trained Nurses' Reunion," and of the system of registration in South Africa.

In strong contrast to the reports from military hospitals where trained nurses are established are the shocking facts brought before the public by Mr. Burdett-Coutts relating to the English army, and by Miss Margaret Astor Chanler, fearless member of a family of reformers. Even the discreet correspondent of *Harper's Weekly* hints at reasons why the soldiers in the Philippines are not all cared for as well as those in a few hospitals where the nurses are. Perhaps it is not proper to criticise War Departments severely for these things, and it may be that we are still laboring under a belated mediævalism of ideas in romantically idealizing the military genius so far as to expect tender consideration for life to be united with ruthless destructiveness. It does not seem logical for a public opinion enthusiastically to endorse war and clamor for the utmost stress of exertion from military men, and then to abuse them for not having the comforts of civilization at hand.

Miss Amy B. Hill, of the New York Hospital, writes:

"High Seas, August 7.

"My call to South Africa came at last unexpectedly; I am one of twenty nurses on the way to Cape Town. Beyond this we do not know our destination, but expect to be dispersed up country."

Miss H. L. Gaddis, Garfield Memorial Hospital, sends some items from Las Animas Hospital, Havana:

"August, 1900.

"At present we have twenty-seven yellow-fever patients. Every ounce of water they drink is recorded on the minute. All urine is measured and recorded. Each patient has a cleansing bath daily.

"For high temperature, cold enemas every three hours, ice packs, and ice sponge-baths are given. For the first few days they are given no nourishment, but plenty of water, Vichy, and lime juice. When they begin on milk they usually have at first a half ounce, increased very gradually up to three or four ounces, when they are promoted to ice-cream and milk-toast."

[Further items on yellow-fever nursing with charts from Miss Gaddis will follow.—Ed.]

MRS. QUINTARD is at the General Hospital, Puerto Principe, Cuba. She says:

"Puerto Principe is thirty years behind the times; it has never occurred to the people that the sick could be cared for decently, and the very name 'hospital' stands for everything vile and unpleasant. We expect to be ready to receive patients in a few weeks. The work of obtaining probationers progresses, and I am confident that when we open we shall have plenty."

[The hospital is a civil one, and it is intended that young Cuban women shall be trained as nurses.—ED.]

"SANTA MESA U. S. A. HOSPITAL, MANILA, PHILIPPINES.

". . . The Nurses' Home is an old Spanish palace on the prettiest street in town. On entering the large hall, or court, you see an old fountain and the broad, winding stairway leading up to the large dining- and reception-rooms. These still contain some of the old Spanish furniture. . . . At present there are eight hospitals in the islands that I know of where the women nurses are at work. Many of the cases are such that they must have men to care for them. This hospital has a capacity of one thousand; it is on elevated ground, four miles from Manila, and we have all the breezes there are. The forty buildings make quite a village,—built in native style, hard wood and bamboo frames covered with Nipe grass. We have a good Chinese cook and boy to help. The nurses are on eight-hour duty. They carry out medical orders and supervise the work of the hospital corps men.

"We have been much interested in visiting a little native mother. To get into her hut we had to climb a bamboo ladder; inside everything was neat and clean. Mother and babe lay on mats on the floor, with round rolls for pillows and screened off, so as to get no air. It is their custom to remain so for thirty days, neither mother nor child being bathed in water during that time, but rubbed with cocoanut oil. The baby's cord was dressed with pieces of linen and a brown powder.

"A. A. ROBBINS."

[Letters from England, India, Denmark, Italy, China, and the Klondyke are held over for future issues.—ED.]

EDITOR'S MISCELLANY

DEAR EDITOR:

I am moved to write you on a subject which has made a great impression upon me lately,—namely, the important need for nurses to begin early making provision for the time when they shall be worn out with the hard life of their profession, and want to rest in little homes of their own. I have just returned from an engagement where I was associated with a nurse who graduated nearly twenty years ago. She is a very superior woman; has been, and still is, a most successful nurse; I had often heard of her from doctors and patients. We fell to talking one day about the lack of business methods and business wisdom among nurses, and this led Miss S. to tell me of her own appalling condition regarding provision for her future and the terrible anxiety which is wearing upon her in consequence. Although she has been nursing almost steadily since her graduation, she has only two hundred dollars laid by, and what is to become of her when she can no longer work she does not know, for she is alone in the world. She longs for rest now and needs it, but there is no rest in sight for her. She has not been selfish in the use of her money. Loved ones in her own home needed her help, and she gave it until one by one she has seen them all laid to rest. But what is to become of her? Looking back over her life, she says she can see that if the seriousness of the present time had been impressed upon her, and she had had some knowledge of safe building and loan associations, or of endowment life insurance, or, above all, of some method of investing so as to secure an annuity after a term of years, she would have bound herself to paying an annual assessment. She would have found a way of doing it somehow, had she bound herself to it and not left it a voluntary matter. And then think what it would mean to her now to be able to lie back for a part of the year at least, and be assured of a certain annual income as long as she lives! But she did not do it. When she graduated the profession was young, nurses were in great demand, and the income seemed very, very big. But now the time is coming when the first graduates are beginning to experience what it really means to have made no provision for the inevitable time of inactivity. Until now the warning note has not been sounded very loudly. In the early years there seemed no great hurry about beginning to save; it was always, "Next year I will start a bank account."

Perhaps to give you a concrete instance of what may be done, and so help some other undecided nurse, I may be pardoned if I state what I have found practicable in my own experience. As the time drew near for me to receive my diploma, the question of earnings and savings occupied my thoughts to a considerable extent. I knew that I was not naturally of a thrifty disposition, my wants usually keeping close pace with the limits of my purse, but I also knew that in my declining days there would more than likely be no one to whom I could look to for support, and that therefore I must provide for myself while in the heyday of activity, and I set myself to study the best means of doing this.

My wardrobe needed replenishing for private duty, I had to rent a room for future head-quarters, and there was an invalid sister at home towards whose support I wished to contribute, so that saving for the first few months looked like an impossible feat; but I made up my mind to put five or ten dollars in the savings bank each month, no matter what might happen. For a year I succeeded at this very well, but during the next year my old love of spending got the upper hand of me many times and my bank deposits began to grow spasmodic, though my earnings were more than in the first year, and I began to see that the only safe road for me towards thrift lay in making some kind of an investment which would bind me to stipulated yearly payments. I studied advertisements and sent for literature on the subject. These, fortunately for me, I submitted to a friend, a business man whose judgment I knew to be sound. Several alluring "syndicate" advertisements, etc., he consigned to the waste-paper basket, and warned me emphatically against any investment which promised impossible returns. He strongly advised my taking out a life insurance endowment policy in some old, well-known company, pointing out to me that the older and more prosperous the company the larger the surplus of earnings must be, and therefore the more liberal the offer that could be made to its patrons. Under his guidance I looked up several companies, and found one which made a special offer to self-supporting women, and would secure to them a very generous cash sum at the expiration of the policy, or, if preferred, an annuity or regular yearly income to the end of life.

I have made several payments on this policy, and am surprised to find how easy it is to do this, now that I have committed myself. I am hoping to make double payments some years, and so shorten the time before which the policy expires. If, however, on the other hand, illness or misfortune should render it impossible for me to complete my payments, I can withdraw what I have put in, with interest (after the expense of the policy to the company has been deducted), just as I could from a bank, and not least of the comforts is that in the event of my death at any time my sister can draw the full amount for which the policy is made out—in my case, two thousand dollars.

GRADUATE.

WOULD IT BE AN UNMIXED GOOD?

MUCH is being said and written in these days regarding improvements in the care of patients in our hospitals.

This advice and counsel comes mostly from patients, and one of the latest suggestions is that hospitals increase their forces of nurses and attendants to such an extent that patients need never wait for any attention, whether necessary or imagined to be so.

For instance, the patient in question imagines that the window is open a little too much, the steam is not turned on quite enough, or she thinks she may want a drink in half an hour, and therefore will ask for it now.

These demands are all filled in time, but the patient would have them more promptly filled. Provided it were possible to so increase the number of nurses and attendants to meet all these wants with the desired promptness, and thus furnish employment for the minds of the patients, would the greatest good be to the patient? Is there not something required of nature in healing the sick?

Is there not time which must be spent in waiting for the natural processes? Does that garden flourish best that has the roots of its plants examined oftenest to note the progress thereof?

R.

BUFFALO NEWS.

THE initial meeting for the season of the Nurses' Association was held September 3 at the Guard of Honor rooms, the president, Miss Damer, in the chair.

Owing probably to the heavy rain, there was a small attendance.

Three applications for membership were presented, and two for the sick benefit. A notification of the appointment of the president as a member of the Woman's Board of Managers of the Pan-American Exposition was read.

The question box was opened and the question, "Is the instruction received in invalid cookery in the training-school of practical use to the nurse in private practice?" was followed by a lively discussion, the methods employed in the different schools being explained. A month or two in the diet-kitchen following a course of lessons was considered desirable.

It was decided to have a lecture given on foods and food values at an early date.

Another question, "Is the standard rate of twenty dollars per week for professional services strictly adhered to?" was answered with a decided negative. When from feelings of humanity, friendship, or necessity, a nurse agrees to accept a lower sum for the term of her engagement, it was considered best to give one or more weeks for nothing than to lower the price per week.

At the June meeting the subject of trained attendants was discussed and their competition after a few months' or a year's service as such with the regularly trained nurses. A committee was appointed to wait upon the directors of the Woman's Educational and Industrial Union, which has conducted such a class for years, and to point out to them the injustice to the patients as well as the nurses of this superficial and totally inadequate training.

We are glad to say that as the result of this committee's effort, the directors of the Union have decided to discontinue these classes, confine the lectures to young wives and mothers, hold no examinations, and grant no certificates. The graduates of the Buffalo General Hospital Training-School have formed an alumnæ association.

A LOCAL society of trained nurses has been formed in Cleveland, Ohio, with Miss McMillan, principal of Lakeside Hospital, as president.

THE trained nurses of Rochester, New York, were the first to form a county society, with State organization in view.

STATE ORGANIZATION IN NEW YORK.

A FEW nurses interested in the formation of a State Association met informally in New York City last spring to discuss the advisability of organizing. The multiplication of societies is undesirable unless it can be shown that this is necessary, and that the one proposed will do what can be done by no other. Our National Association is broad in its scope, and all embracing, as we hope it may become, in breaking down school prejudices, establishing an *esprit de corps* among nurses, and uniting them in common interests.

One thing for which it is striving is the elevation of the standard of nursing, —to have better schools, better trained women at the head of all schools, and

that the diploma which each nurse receives on being graduated will be what it professes to be, a certification of the fact that she is a *trained* nurse.

The diploma now held by a nurse from Smith's Corners or Split Rock Hospital, with four beds, seven nurses, and six-months' hospital training, has as much legal value as that of a graduate of Bellevue, Philadelphia, or Johns Hopkins, who has spent two or three years in hard work to obtain it. "Practical" nurses, trained attendants, trained nursery maids, discharged pupils, and probationers all don the "stripes," compete with, and claim the name and rank of those who justly are the only ones entitled to bear them. Is there any use in raising the wall, making it more difficult to obtain admittance by climbing, when it is so easy to crawl in underneath?

Is the nursing profession a meaningless term? Has it any rights, any privileges, secured to it by legislation? Can it say who shall enter its ranks or who shall be debarred from practising?

Do we desire to make it so that those who bear the name of nurse shall be so not in name only, but in deed and in truth?

If so, a State Association is necessary which can work for State registration and a uniform system of education.

The importance of this was impressed upon all those present at the New York meeting, and a committee was appointed consisting of Miss Merrit and Miss Dock, of New York; Miss Damer and Miss Nye, of Buffalo, and Miss Allerton, of Rochester, to make arrangements for a State meeting to be held at Albany during the fall to discuss organization and take action towards the formation of a State Association.

The committee was requested to notify all organized nursing societies in the State and ask them to send delegates to this meeting prepared to act. It is hoped that where there are no organized societies, these will be formed at once, either as alumnæ, city, town, or county associations, and that names of new organizations with address of secretary be sent to Miss Annie Damer, 55 West Mohawk Street, Buffalo, New York, who will be glad to furnish any information.

ORDER OF SPANISH-AMERICAN WAR NURSES.

Miss M. E. Hibbard wishes to thank the members of the preliminary "order" of "The Spanish-American War Nurses" for their interested efforts, which have materially assisted in making this association a permanent one to-day.

As chairman of the proposed "order," it had always been Miss Hibbard's wish that the organization should be controlled by members of the nursing profession, and that consistency should be a virtue that would mark a state of progress.

In thanking the members who have from time to time expressed their appreciation of the work being done by the committee, Miss Hibbard would like to recommend the desirability of establishing and maintaining an *esprit de corps* among its permanent members. Miss Hibbard wishes to express her sincere regret at not being able to accept a nomination for office, as the uncertainty of location which is consequent upon the work of her profession would greatly interfere with the perfect performance of the duties incumbent upon the office.

As a member of the "Spanish-American War Nurses," Miss Hibbard will always be most interested and hopes to keep in touch with all the members.

MEETING OF SPANISH-AMERICAN WAR NURSES.*

THE meeting of the Order of Spanish-American War Nurses, held at the New York Hospital, September 4, 5, 6, was a most interesting and enjoyable affair. Dr. Anita Newcomb McGee and Miss Hibbard were the nominees for president, and as Miss Hibbard was unable to serve, Dr. McGee was elected by acclamation.

The subjects discussed were:

Shall we form ourselves into a working society?

Shall we have constitution, by-laws, and officers—president, vice-president. secretary, and treasurer?

Shall we have yearly dues, and what amount?

Shall we have yearly meetings?

Where will the next one be?

At the luncheon at Sherry's the invited guests were Miss Mary Desha, D. A. R.; Mrs. Whitelaw Reid, III. Auxiliary of the Red Cross; Mrs. Douglass, Civil War nurse; Miss Mary Gladwin, Miss Dorsey.

First Toast.—To the Daughters of the American Revolution and their work during our late war. Response by Mrs. Whitelaw Reid.

Second Toast.—To the III. Auxiliary of the Red Cross and their work for the nurses. Response by Miss Mary Desha.

Third Toast.—To the United States Army Nurse. Response by Dr. Anita Newcomb McGee.

Fourth Toast.—To the Nurses of Montauk Point Hospital. Response by Dr. Laura Hughes.

Fifth Toast.—To the Nurses of the Civil War. Response by Mrs. Douglass.

Sixth Toast.—To the Nurses in Manila. Response by Miss Mary Gladwin.

Seventh Toast.—To the Sisters of Charity in the Late War and the Civil War. Response by Miss Dorsey.

Eighth Toast.—To the Nurses who went to South Africa. Response by Miss Hibbard.

Toast Mistress, Mrs. George Lounsbery.

WE call special attention to the advertisement of Meinecke & Co., who have put upon the market the most comfortable and sanitary bed-pan yet invented. For hospital use it is commended for the ease with which it can be perfectly cleansed and readily inspected.

* This report received too late to be given in full.—ED.

ANNOUNCEMENTS

At the Convention of the Associated Alumnæ it was voted that the American Society of Superintendents be approached upon the question of affiliating with the alumnæ and applying for membership in the National Council of Women under one comprehensive title, under which, too, in time all bodies of nurses might enter. The matter was placed with the Executive Committee for complete adjustment, and the secretary was directed to communicate with the secretary of The American Society of Superintendents. The secretary of the last-named society reports that the majority of the returns from the members of her association thus far are in favor of affiliation.

Respectfully submitted,

Mary E. Thornton, *Secretary.*

A full account of the origin and development to the present time of the International Council of Nurses, with an outline of its constitution, organization, and purpose, will be given in the November number.

At the meeting of the International Council of Nurses, held in London on July 5, Miss Snively and Miss Dock were appointed to form a committee to arrange for a Congress of Nurses to be held in Buffalo next September, it having been made known that the Buffalo Nurses' Association was cordially in favor of having a congress as part of the Pan-American celebration to be held in that city, and would act as a local committee. As yet the time has been too short to permit of further steps being taken, but later we shall be able to give an account of the progress made in this important undertaking.

The November number of the Journal will contain the address of the president, Mrs. Isabel Hampton Robb, before the Third Convention of the Associated Alumnæ; the first of two papers on "Obstetrical Emergencies," by Dr. H. D. Fry, of Washington, D.C.; a paper on "Our Floating Hospitals," by Miss Charlotte Mandeulle Perry, of Boston, and much of interest in the different departments. Miss Hibbard's second paper will give a description in detail of the equipment and daily routine of the hospital ship "Maine." Later we are promised a series of articles from Miss Honor Morton, of London, who will write on "The Nurse in the Schools" and "The London Child." Dean Russell's address before the superintendents on the course in "Hospital Economics" and an interesting paper on "Nursing in Ancient Times," by Miss M. A. Nutting, will appear in our early numbers.

BOOK NOTICES

THE CARE OF THE CHILD IN HEALTH. By NATHAN OPPENHEIM, A.B., M.D.

Attention is called to this book as being equally interesting and valuable to fathers, mothers, doctors, kindergartners, and nurses. From the title one might ask, Why valuable to nurses? but to the clear-sighted woman who has had experience with small children the advantage of a better understanding of the healthy child is obvious. It has certainly been impressed upon many of us that the nursing of sick children would be far better done if more of us were better acquainted with children in health. It has been suggested that all nurses should take a kindergartner's course, all kindergartners take a nurse's course, and all women before they marry take both. As such a plan is far more feasible, the next best thing is study along these lines. Dr. Oppenheim's work is unusual in that, although written by a medical man, its ethical side is given a prominence quite equal to that of the medical side.

The introductory chapter will afford food for reflection to all women, married or single, and the chapters upon "Habits," "Relations of Parents and Children," "Education," and "Defective Children" are of great value.

The book is so well written that one closes it with regret that it is not twice as long.

SHORT PAPERS ON NURSING SUBJECTS. By LAVINIA L. DOCK. Comprising "A Pilgrimage to Kaiserwerth," "Nursing Organizations in Germany and England," "The Nurses' Settlement in New York City," and a Paper on Ethics, called "Ethics, or a Code of Ethics." Published by M. Louise Longeway, 151 E. 54th Street, New York City.

Miss Dock is so well known to the nurses of this country that her little book hardly needs an introduction. Her residence abroad and her connection with the Nurses' Settlement of New York have afforded her unusual opportunities for studying the subjects she presents, and the papers are both instructive and interesting.

THE EDITOR

THE motives which have led to the establishment of the AMERICAN JOURNAL OF NURSING will be readily understood. For many years the profession has been indebted to the nursing journals already in the field for cordial coöperation in many lines, and it has been largely through the instrumentality of these journals that the most important of its organization and educational work has been accomplished. Still, these journals have not been owned or controlled by nurses, and with the rapid strides that the profession is making in every direction, journalism would seem to be a necessary part of the trend of nursing progress. The "Associated Alumnæ of Trained Nurses of the United States" in establishing an independent magazine is but following in the footsteps of all large organizations by having an organ of its own.

Every large association whose members are widely scattered has during the year many communications to make which can best be made through a recognized official channel. On the other hand, this society, working on advanced ethical and educational lines, standing for that which is most womanly and most progressive in nursing work, has much valuable information to impart to the public, as well as to the nursing profession at large.

The names of the women who have been selected to manage and edit the magazine should be a sufficient guarantee of the conscientious and thorough manner in which the work will be performed. Each name stands for a recognized force in the nursing world, and the duties that each one has pledged herself to perform gratuitously, for the first year, are an added burden to lives already heavy with care.

Financially the JOURNAL is well endorsed. The publishing house is too well known to require even a word of introduction, and as this firm also assumes the business management, the enterprise may be regarded with entire confidence.

It will be the aim of the editors to present month by month the most useful facts, the most progressive thought, and the latest news that the profession has to offer in the most attractive form that can be secured. In order to do this they must have the personal coöperation of the four thousand members of the society, to whom they will look for every kind of information of value to nurses.

Such knowledge, gained through experience in private work and in

the hospital, coming from every section of the country,—north, south, east, and west,—cannot fail to make the JOURNAL not only interesting, but of great educational value. In a practical way, every member can assist greatly by subscribing to the JOURNAL and inducing her friends to do the same.

It will be the policy of the magazine to lend its pages freely to the discussion of subjects of general interest, presenting every question fairly and without partisanship, giving full recognition to all persons offering a suggestion that shall be in the line of nursing progress, excluding only such controversy as shall seem to be personally malicious or lacking in broad interest to the profession.

Nursing in some form enters, sooner or later, into the life of every home. It is domestic in the deepest sense. Every woman with children should have some knowledge of it.

Until men and women whose names honor the boards of management of hospitals and other philanthropic enterprises are in close touch with nurses, frictions and factions will go on. Consequently, the JOURNAL will be of much importance in the home.

THE first issue of the JOURNAL can hardly be taken as a criterion of what is to follow. An immense amount of time and energy has necessarily been expended by the entire staff in gaining a knowledge of what we may call the business technique that hereafter can be devoted to increasing the professional and literary merit of the magazine.

All of the great questions will be taken up in turn,—State organization, the army nursing service, and educational projects of vital importance to the nurse of the future.

Two of the educational projects are so well understood that passing mention only will be made at this time,—the "Teachers' Course in Hospital Economics," the prospectus of which is given in this number, and which has for its object the evolution of the efficient teacher from the professional nurse, and the subject of "State Registration," whose legal aspect is discussed in "What we may Expect from the Law," which will lead eventually to a uniform standard of excellence in all of the nursing schools. Even now, with these questions in their infancy, comes a problem with as imperative a demand for solution as either of the others. I mean the establishment of a "preparatory school" for intending applicants to training-schools.

The absolute necessity for some preparatory knowledge of the theory of nursing, before beginning, and not simultaneously with, the practical work in the wards has for some time been apparent to the executive officers of training-schools.

Two training-schools at least in Great Britain have already made more than tentative experiments, along lines, however, that would not be altogether practical in this country.

There is a plan being formulated in Boston for the opening of such a school, the details of which are being worked out by Miss M. E. P. Davis, which will probably be on the basis of a uniform entrance examination for all schools. Candidates who are able to pass this examination without special preparation will, of course, be admitted directly to the training-school. Those who are unable to do this will be referred to the preparatory school. Here the pupils will be instructed in the elementary branches of the work, both practical and technical. For instance, before being intrusted with the care of a patient, the candidate will be taught to sweep and dust a room and to take care of the common household utensils, to prepare for a bath, make a bed, serve simple food, etc., with a sufficient knowledge of anatomy, physiology, and hygiene to enable her to handle a patient intelligently from the first.

The results obtained in the schools of Great Britain already referred to we shall give in full later, and the Boston experiment will be watched with a great deal of interest.

THAT we are to have State Societies seems to be a foregone conclusion. Upon what lines they shall be formed, so that all nurses shall be represented, is the perplexing question. To follow the example of the medical profession we should organize in counties. Every woman in the country, holding a diploma from a reputable school, has a voice in this matter. Kentucky is already moving. New York will soon follow. Which State next?

WE close our first number with deep feelings of gratitude to our able associates, contributors, and many friends for their material assistance and cordial interest in our efforts to establish the AMERICAN JOURNAL OF NURSING.

THIRD ANNUAL CONVENTION

OF THE

ASSOCIATED ALUMNÆ OF TRAINED NURSES

OF THE UNITED STATES

HELD IN

THE ACADEMY OF MEDICINE

17 West 43d Street

NEW YORK CITY

May 3, 4, and 5, 1900

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Miss Brown, Miss A. J. Greenleas.

Census.

Miss Fulmer and Sectional Committee.

Committee on Study Course.

Miss F. A. Stone,
Miss A. M. Carr,
Miss Mary B. Clymer,
Miss J. J. Cunningham,
Miss A. J. Greenleas,
Mrs. Sarah Shearer.

Committee on Reports of Local Associations.

Miss A. O. Tippet, Chairman.

Printing Committee.

Mrs. D. D. Jennings. Miss Cora Warren,
Miss Mary E. Wadley.

Committee on Arrangements.

Miss Annie Damer, Chairman.

Delegates Registered.

May 3, 1900.

Bellevue Hospital, T. S. A., New York	Miss ANNIE DAMER.
	" LIDA G. STARR (3 votes).
Boston City Hospital, T. S. A.	" EMMA T. ELLIOT.
	" DELIA KNIGHT.
	" MARY M. RIDDLE.
Brooklyn Hospital, T. S. A.	" GEORGIANA A. SHIBLEY.
	" C. E. VAN INGLE.
Brooklyn Homœopathic Hospital, T. S. A.	" CARRIE D. McKEE.
Erie County Hospital, T. S. A., Buffalo	" EMMA J. KEATING.
Farrand, T. S. A., Detroit	" ELLEN H. COURTNEY.
	" MARY G. THORNTON.
Garfield Memorial Hospital, T. S. A., Washington	" MARY C. GANNON.
Illinois, T. S. A., Chicago	" JESSIE BREEZE.
	" EMMA C. HACKETT.
	" HELEN W. KELLEY.
	" ELIZA J. MOORE.
Johns Hopkins Hospital, T. S. A., Baltimore	" A. M. CARR.
	" N. W. READ.
	" G. C. ROSS.
	" JANET SAMPSON.
Long Island College Hospital, T. S. A., Brooklyn	" V. E. TOUPET.
Maine General, T. S. A., Portland	
Massachusetts General Hospital, T. S. A., Boston	" MARY L. KEITH.
	" PERSIS M. PLUMMER.
Methodist Episcopal Hospital, T. S. A., Brooklyn	" S. J. REMSEN.
Michael Reese Hospital, T. S. A., Chicago	" ELIZABETH H. STEELE.
New York Hospital, T. S. A.	" ANNA B. DUNCAN.
	" JANE B. EMERY.
	" ELIZABETH HITCHCOCK.
	" FLORENCE M. LINTON.
	" HELEN G. MATHEWS.
	" GEORGIA T. WILKIE.
New York Post-Graduate Hospital, T. S. A.	" CASTELLA C. FRALEIGH.
	" SARAH J. GRAHAM.
Paterson General Hospital, T. S. A.	" MARY E. O'NEILL.
Pennsylvania Hospital, T. S. A., Philadelphia	" ALICE M. GARRETT.
Presbyterian Hospital, T. S. A., New York	" NANCY E. CADMUS.
Presbyterian Hospital, T. S. A., Philadelphia	" C. E. DAVENPORT.
Rhode Island Hospital, T. S. A., Providence	" MARY H. PATERSON.
Rochester City Hospital, T. S. A.	" ELIZABETH FRICK.
Roosevelt Hospital, T. S. A., New York	" ELIZABETH M. BURNS.
St. Joseph's Hospital, T. S. A., Paterson	" ANNA M. E. O'BRIEN.
St. Luke's Hospital, T. S. A., Chicago	" E. EASTMAN.
	" M. E. JOHNSTONE.
St. Luke's Hospital, T. S. A., New York	Mrs. HERMINE D. STONE.
St. Mary's Hospital, T. S. A., Brooklyn	Miss D. M. MACDONALD.
University of Maryland Hospital, T. S. A.	" ARTHRALIA LORD.
University of Pennsylvania Hospital, T. S. A.	" A. E. BROBSON.
	" N. M. CASEY.

Total, 48 Delegates—49 votes.

PROCEEDINGS OF THE THIRD ANNUAL CONVENTION

NEW YORK, MAY 3, 4, AND 5, 1900

First Day—Thursday, May 3, 1900.

THE morning was devoted to committee meetings.

FIRST SESSION.

ONE P.M.—Presentation of credentials, payment of annual dues, and registration of delegates.

The convention was opened with prayer by the Reverend David Greer, D.D., the president, Mrs. Isabel Hampton Robb, in the chair.

The address of welcome was delivered by Mrs. Cadwalader Jones as follows:

ADDRESS OF WELCOME TO THE ASSOCIATED ALUMNÆ BY MRS. CADWALADER JONES.

"I consider it a great honor to have been asked to bid you welcome to the city in which the first training-school for nurses was started, now nearly thirty years ago. It has often been remarked that events which have relation to each other are apt to happen about the same time; for instance, discoveries in science have frequently been made almost simultaneously by different investigators working independently. Thus in the year 1873 training-schools were opened at Bellevue Hospital, New York; at the Connecticut State Hospital, New Haven, and at the Massachusetts General Hospital, Boston.

"Probably few of you remember a time when trained nursing did not exist, but as I can, I may be allowed to say a few words about the condition of things which made the need of it so urgent. When I was a girl, nursing was either considered a gift, like a good voice, or an occupation, like cooking. Every family had some member or friend who was always known as a 'born nurse' and whose help was called for in any emergency. In many cases she certainly deserved her name, and the care she gave was much better than none at all, but it was anything but scientific.

"The 'born nurse' flourished especially in country districts, and was called in often without reference to the doctor, thus becoming his colleague, so to speak, if she approved his treatment, and not if she happened to disagree with him. I can remember several cases where these 'born nurses' directly disobeyed the physician's orders; if the patient got well, the credit was theirs; if he died, the fault was the doctor's. That was one class.

"The other was to be found in all cities where it was necessary that physicians should have some women of experience on whom to rely in acute cases and those of an obstetric nature. If a case of pneumonia or typhoid threatened to be serious and the household was becoming exhausted, the attending physician usually provided some woman whom he had employed in like circumstances before, and often she had learned to be a good nurse by obeying the doctors to whom she owed her living.

"For obstetric nurses there were elderly married women or widows, very respectable, and with a good deal of experience. Sairey Gamp might have been. and no doubt often was, found in the hospitals, but I have never in this country known or heard of such a creature in private practice.

"As to the hospitals, when I first came to live here in 1871, Bellevue was

probably about as good as most general hospitals throughout the United States, and the condition of things there was certainly bad enough. The nurses were of two kinds,—either elderly stupid creatures who had not sense enough to be house servants, and who had usually more than a taste for drink, or else they were young women of rather lively tendencies who were always ready for a flirtation with the house staff.

"In those days it was a risky thing for a doctor to order liquor for a case, as he was very likely to find the nurse the worse for it and the patient none the better. If, on the other hand, he strictly forbade any stimulant whatever, the sympathetic attendant was ready, for a consideration, to smuggle some in for the patient when she brought her own supply.

"Of downright brutality and cruelty there was, perhaps, not much, but there was a great deal of ignorance, carelessness, and mismanagement. You, who went into and graduated from training-schools already thoroughly organized, can have but little idea of what the first pupils in our schools went through. They were the pioneers who cleared the ground and sowed the seed by which we all profit now.

"At the present time there are three hundred and eighty-eight training-schools registered in Washington, and the number altogether is probably over four hundred, while from two hundred and fifty to two hundred and seventy-five pupils graduate each year from the fifteen schools of Greater New York.

"At your commencements you were probably told that you were going to follow a very beneficent calling, and that you were rather seraphic to have chosen it. I don't think I have ever been at any nurses' commencement at which at least one of the speakers did not say how blessed it would be to smooth the sufferer's pillow, and although I am a great admirer of Sir Walter Scott, I have come to wish that he had never written that line about the 'ministering angel,' because I have heard it so often. I do not mean to be flippant about a profession which I profoundly respect, for I am convinced that no woman can be really a good nurse who does not love nursing and to whom each patient is not more or less like her own child for the time; but besides doing an immense amount of good, like physicians,—indeed, a surgeon said to me only last summer, 'Without trained nursing surgery could not stand where it does now,'—you are, like the doctors, members of a regular profession, entitled to its honors, and at the same time bound by its responsibilities, and those responsibilities are not only personal to each of you, but they touch you as members of a general body.

"Now, it has been found, over and over again, that it is one of the hardest things in the world to make us women work together effectively. As somebody who wanted to start a woman's club once said, 'Women will join, and they'll pay their dues, but they won't come and they won't work.'

"If we will only think a little, it is usually not hard to find a reason for any trait of human character which is not abnormal, and I think we can account for this one. From the earliest times men have been in the habit of congregating together, either for offence or defence in war, or for council in peace, and while they were still living in caves they had practically learned the lesson which we have all heard in so many forms, about there being safety in numbers, that 'united we stand, divided we fall,' etc. But the women, on the other hand, were left behind, each one in her own cave with her babies, or later, as life grew more civilized, in her castle, or in her house in the town, or in her hut in the fields, but always shut into the little circle of interests which began and ended with her home. For many women that always has been, and always will be, the fullest and happiest life, but it is not to be followed by all of us, and if we once step outside that charmed circle we must be prepared to meet other obligations. They do not come easy to us, and I believe it is for the reason I have just given, but it is cowardly to shirk them, and also bad policy. Just now there is a great outcry against trusts. Wherever two or three people are gathered together we are told that they are forming a trust about something or other, which is therefore to be condemned. I do not, of course, mean to stand up for any organization which strives to make too much profit or to grind the working-people, but nobody can watch the tendency of our day without seeing that the big fish are gradually swallowing the little ones. Now, when that happened long ago, in the Middle Ages,—when the feudal lords and land-owners seemed likely to have everything their own way,—the little fishes got together and formed various

guilds, which in the course of time more than held their own, and became as powerful in their way as the power which they resisted. We all know more or less about these guilds, and we have heard how jealously they protected themselves from intrusion from outsiders, just as the trades-unions do now, but unless we go a little farther into their history we may not realize how much good they did to their own members. Freemasonry, which has been a power in the world, came from the fellowship of one guild, and they were all benevolent societies, with funds which were used to relieve their sick and helpless, as well as to teach the young and to support the old.

"Every modern association like this of your alumnæ follows the example of the old guilds, and copies only what was best in them. Ten or fifteen years ago training-schools were comparatively few in number, and almost any trained nurse was sure of enough to do after she graduated, but you know that such is not always the case now. The best nurses may be always busy, but we cannot all be 'best,' and although it is as true as ever that there is 'plenty of room on the front bench,' people in every profession are now fairly sitting on each other's laps on the second. There are already a large number of alumnæ members in your association,—over two thousand, I am told,—but it seems to me that there should be many more members and that they should be drawn together more closely. These annual conventions are most useful, besides giving the people to whom you come a great deal of pleasure, but they are not enough. Each pupil when she graduates should join the alumnæ association of her school, and in every town large enough there should be some gathering-point at which the alumnæ of all the local schools, and those of other places near enough, may meet, say once a month, to discuss matters of professional interest and also to encourage social intercourse and good comradeship. If there is any medical discovery or improvement which is attracting attention, probably some clever physician would be willing to make an address about it out of general kindness and benevolence, and also because a doctor is as anxious that nurses should be good as a locomotive engineer is to get a good fireman. The question of the disciplinary power of such an association is also important, and the more such power is known to exist, the less likely it is to need exercising.

"But the great object must be to draw all members together. Women are by nature—or long habit—rather suspicious of each other, and, as I have said before, it is hard to make us work together loyally and unselfishly; and yet you must, if you wish to keep up the standard of the schools. There should be a journal devoted to the interests of the alumnæ throughout the country, and it should be taken by every member, and so well supported that it may be really useful. Every profession or trade which amounts to anything has at least one of these technical journals, and some of them are excellent. I do not mean a scrappy little paper, made up of cuttings from medical magazines and articles by young persons who have the terrible talent of writing easily, but a well-edited and responsible 'organ,' to use the newspaper word. Every school in this country should report its commencements in it and the number of its graduates; every nurse who has a case requiring peculiar care should report it, carefully concealing the identity of the patient; good articles by competent writers on subjects of interest to the profession should be published, and news given of nurses who may be working in other parts of the world. To give you an idea of how much such a publication is needed, I have found it impossible to ascertain how many graduate nurses there are now in the United States or even the number of training-schools, nor can I find out where to apply for English or American trained nurses in case I should be taken ill in any European city where they have an agency.

"To conduct such a journal properly will cost at least two thousand five hundred dollars a year, and if that should be too small a sum, a sufficient one can easily be raised, and you should see that it is forthcoming, and not for one year only, but as a steady subscription. A man is supposed to attain years of discretion, if he is ever to have any, when he is five-and-twenty, and your profession is already older than that in this country. It is high time that you should all work together as a whole, forgetting any little rivalries which may have existed between one school and another, and making one body united for the common good. That is the only way in which you can keep your calling on the high plane to which you have raised it.

"If I have taken too long, please forgive me, and forgive me also that I have spoken of professional matters. My excuse is that I have a great interest in you all, and if I have told you only what you knew already, you may remember the old saying about outsiders, that 'Bachelor's wives and old maids' bairns are always the best guided.'"

The president then made her annual address, Miss Barnard, first vice-president, in the chair.

On motion, unanimous votes of thanks were extended to Dr. Greer and to Mrs. Cadwalader Jones.

The president announced that the next day's session would be called at ten A.M. The meeting then adjourned to banquet-room, where tea was served by the Committee on Arrangements.

Second Day—Friday, May 4, 1900.

The association was called to order at ten A.M. by the president.

After the roll-call the annual report of the secretary, Miss Thornton, was read and accepted.

The secretary then read a summary of the meetings of the Executive Committee during the year.

REPORT OF EXECUTIVE COMMITTEE FOR 1899-1900.

"Four meetings have been held during the year; at these meetings topics for papers and discussions were selected and assigned.

"The secretary was instructed to write to the Canadian societies relative to the dropping of Canada, explaining that it was found to be necessary for incorporation proceedings, and to send them copies of first and second annual reports and invite them to become visiting members. She was also instructed to make out a complimentary list, and to place thereon honorary members, Canadian societies, and editors of nursing journals, and to each send a copy of the annual report.

"The association was invited to meet in Toledo in 1901, but was obliged to decline, as an invitation had already been accepted to meet in Buffalo.

"It was decided that the societies should be asked not to send superintendents as delegates, because many of them were charter members and would attend the convention at any rate, and by appointing delegates from among the graduates a larger representation would be secured, a wider range of discussion assured, more interest among graduated nurses aroused, and more responsibility be assumed by them. The committee decided only to print lists of new members this year to save expense.

"Application blanks were sent out, upon request, to twenty-six alumnæ associations. Of those the following were returned and passed upon: Erie County, of Buffalo; Massachusetts Homœopathic, of Boston; Methodist Episcopal, of Brooklyn; the Roosevelt, of New York, and St. Luke's, of New York, and have been admitted to full membership.

"The following were admitted to associate membership: The Henry W. Bishop; Third Memorial, of Pittsfield, Massachusetts; the New England Hospital for Women and Children, of Roxbury, Massachusetts, and the Old Dominion, of Richmond, Virginia."

Correspondence was then taken up. The secretary read the letter from the secretary of the Alice Fisher Alumnæ of Philadelphia, announcing the resignation of that society, which was accepted. The general correspondence of the year included a letter from Miss Margaret Breay, honorary secretary of the Provisional Committee of the International Council of Nurses, asking that the draft constitution of the council be brought before the convention and inviting dis-

The report of the treasurer, Miss Tamar E. Healy, was read and referred to the auditor.

TAMAR E. HEALY, treasurer, in account with the Nurses' Associated Alumnæ of the United States, April 27, 1899, to April 27, 1900.

RECEIPTS.			DISBURSEMENTS.	
To balance on hand April 27, 1899		$95 09	Rent of Rooms for Second Annual Convention	$35 00
Initiation fees	$25 00		Expenses of president incurred in attending special, also Executive Committee meetings	30 45
Annual dues	171 90		Expenses of first vice-president	10 00
Annual dues (in advance for 1900)	43 80		Secretary, for incidental expenses and stamps	16 98
Sale of First Annual Reports	2 50		Treasurer, for stamps, stationery, and tax upon out-of-town checks	6 20
Sale of Second Annual Reports	249 10		Expenses of Arrangement Committee	5 89
Interest on bank account	1 22		Engraved stationery	7 05
		493 52	Printing and stamps for Census Committee	8 02
			Stenographer for copying and typewriting proceedings of Second Annual Convention	32 75
			Printing of Second Annual Reports	265 00
			Typewriting for division of expense	4 00
			Interest on loan	4 00
			Auditing books	2 00
				$427 34
			Balance on hand April 27, 1900	161 27
		$588 61		$588 61

Audited and found correct May 9, 1900, by
Byron Horton, 101 E. 23d St.,
New York.

cussion thereon, in order that the constitution might be thoroughly representative and prove useful to nurses of all nations.

The president asked Miss Dock, a member of the Provisional Committee, to speak upon the formation of the International Council of Nurses and upon the question of the Associated Alumnæ joining the National Council of Women. Miss Dock said she thought the subject would be made clearer if she read extracts from a letter written by Mrs. May Wright Sewall, president of the International Council of Women, on the subject.

"... these various organizations all seem to have a distinct and fine work before them; but all of these seem to me to legitimately belong to a national nurses' society; and while, if there should be a national organization of superintendents and another national organization of normal students, etc., etc., each one of them, if national, would be eligible to membership in the National Council of Women of the United States. I feel that the entire profession would be stronger if all of these should be regarded merely as parts of your National Society of Nurses, and should come into the council through having your National Society of Nurses enter the council. Moreover, this would be much cheaper. The triennial fee of the societies in the National Council is one hundred dollars. To have that paid by your society as a whole would certainly be much less expensive to your profession than to have the same fee paid by many different national societies of nurses, each one covering a certain phase of the work.

"Let me try to emphasize the fact that there is no possibility of any organization which belongs to the National Council becoming subordinated by the National Council. Every society retains its full integral identity. It is in no way obstructed or directed in the execution of its own work; it simply has, through its affiliation with the council, the greatest possible opportunity of making its work known among women workers of all classes, and thus of augmenting its own numbers and strengthening its position in dignity and influence. ... Any State society must be stronger if made up of local groups rather than of individual members. ..."

Miss Dock then gave an account of what was done in London last summer in organizing the International Council of Nurses.

The president asked Miss Dock if a society could join the International Council of Nurses without joining the National Council of Women.

Miss Dock.—Of a logical necessity they hang together, as one includes the other. We can only share in the quinquennial, where our International Council of Nurses will meet, by belonging to the National Council of our country.

The president asked whether it was likely that the Society of Superintendents would be willing to affiliate with this alumnæ joining the National Council of Women.

Miss Dock said that while no action on this point had been taken in the Superintendents' Society, that such affiliation had been spoken of. However, it had not been known how the alumnæ would regard such a proposition.

Miss Barnard asked if it would not increase the expense a great deal.

The president said it would add to the expense.

Miss Breeze said the expense would be less to join as a large body than as a small body.

Miss Barnard said a more important point was to get the State Associations started, as they were of more importance than joining a large body like this. When the State Associations were once started that it would be wise to take up the other.

Miss Dock said that would take five or six years, and it would not be well to wait so long.

Miss Ross asked what the expense would be.

The president said the expense would be about fifteen or twenty dollars, and that the expense could be met from the regular dues without any extra assessment.

Miss Hackett said inasmuch as the added influence to be gained by an affiliation would be so great, the expense was well worth it.

Miss Thornton said the fact of having representatives going every five years to the conventions of the International Council of Women was of such vast importance that there should be no delay in joining.

After some further discussion Miss Dock suggested that the matter be left open for a year to allow the delegates time to communicate with their associations.

The president explained that the delegates had come invested by their alumnæs with power to act as they thought best in regard to the question.

The president asked what the usual custom was in regard to delegates' expenses being paid.

Miss Dock said that there did not seem to be any fixed custom. Definite procedure had not been agreed upon; some delegates had their expenses paid, some paid them themselves. If the delegate intended to go abroad at that time anyhow, she paid her own expenses; if, on the other hand, a certain delegate was chosen to go and it was thought best for that one to go, and she could not afford to pay her expenses, then the society paid them.

A delegate asked if the National Federation of Women's Clubs belonged to the National Council of Women.

Miss Dock said she believed not.

Miss Breeze moved that a committee of five or six members be appointed by the chair to consider and report on this matter.

The motion was carried and the following committee appointed, with Miss Breeze as chairman: Miss Dock, of Bellevue; Miss Graham, of New York Post-Graduate; Miss Brobson, of University of Pennsylvania, and Miss Thornton, of Farrand.

The executive session adjourned at 11.15 A.M. and the general meeting was held.

The proceedings were opened by Miss Dock with a paper entitled "What Benefit will the Associated Alumnæ be to me?" The discussion was to have been opened by Miss Tippet, but that lady not being present, Miss Hackett followed with her discussion.

Miss Maxwell, the chairman of the Committee of Arrangements, then reported as follows:

"The Committee on Arrangements beg leave to report that the rooms in the Academy of Medicine were secured at ten dollars per day. One hundred and twenty-five invitations were sent to friends interested in our work in New York and vicinity, and a 'tea' was given by the members of the committee to welcome and introduce the delegates. Entertainment for delegates was offered by Miss Rhodes, Miss Woolley, Miss Starr, and Mrs. Bowling, of the Bellevue Hospital Alumnæ; Mrs. Simons, of the New York Hospital Alumnæ, at the Sloan Hospital; Miss Twitchell, of the New York Hospital Alumnæ, at the Smith Infirmary, Staten Island; Miss Thornton, of the Post-Graduate Hospital Alumnæ, at the Club-House, and Miss Rykert, at the Post-Graduate Hospital; Dr. Tompkins, of St. Luke's Hospital Alumnæ; Miss Burns, of the Roosevelt Hospital Alumnæ; the Presbyterian Hospital Alumnæ, and the Presbyterian Hospital.

Social entertainments were proffered the delegates, but these had to be declined on account of the length of the programme."

The committee also stated that at the Women's Exchange a lunch would be prepared and served at half-past twelve or a little earlier.

The president requested the delegates to occupy the seats on the left-hand side facing the platform, and the permanent members the two front seats on the right-hand side, and the visitors the remaining seats on the right-hand side.

The president then called attention to page 20 of the constitution on the subject of the Nominating Committee, and asked the members to form such a committee.

The meeting adjourned until two o'clock P.M.

Friday, May 9, 1900.

The convention reassembled at two P.M. The president stated that the first half-hour of the afternoon session would be devoted to the hearing and discussion of reports.

The annual report of the Printing Committee was read as follows:

"The second annual report of this association was printed in Cleveland, Ohio, last spring, and distributed among our members early in the summer. Much gratitude is due to our president, Mrs. Isabel Hampton Robb, for personally supervising the work.

"There were two thousand five hundred copies printed, of one hundred and thirty-two pages each, at a total cost of two hundred and sixty-five dollars, making each copy cost within a fraction of ten cents.

"A more satisfactory method of distribution was adopted for the past year; that is, a report for each member of each alumnæ was sent in bulk direct from the printers to that individual alumnæ, thereby greatly lessening expenses and work of addressing.

"A critic has said that each year our reports grow more pretentious. I call your attention to the fact that this must be the case or it could not contain the records of our progress.

"SARAH R. JENNINGS, Chairman."

Miss Dock, chairman of the Committee on Incorporation, made an oral report as follows:

"Owing to the fact that the name of our association has not been decided upon, nothing has been done by your committee as to incorporation of the association. The incorporation is a very simple process and will not take a very long time. I have made inquiries of different organized societies, and I find that there is not much difference between the different States,—very little more advantage in one State than in another. It will not take any time to effect the incorporation, but owing to the pending change in the constitution, nothing has been done as yet."

The report of the Committee for Condensing the Reports of the Local Alumnæ Associations was read by the secretary, Miss Thornton:

"The committee beg to submit the following:

"Twenty-three alumnæ associations have been heard from. Of these, the largest has a membership of two hundred and forty-seven, the next in size numbers one hundred and ninety-two, and the next one hundred and fifty-two. The remainder are less than one hundred and fifty; six only are above one hundred. Nine report increase in membership, the greatest being St. Luke's, Chicago, thirty-three having been added during the year. All report regular business meetings, with the exception of four. A large proportion have held educational

CONDENSED REPORT OF LOCAL ALUMNÆ ASSOCIATIONS.

NAME.	Membership.	New Members.	Meetings held.	Purpose of Meetings.	Loss of members by death.	Loss of memb's by resignation.	REMARKS.
Bellevue Hospital	142	19	Monthly	Educational and business	3	1	Weekly lectures during winter.
Boston City Hospital	152	3	Four	Business and social		1	Association engaged in caring for and visiting sick members. Fund accumulating to endow a free bed for the members when ill.
Brooklyn City Hospital		5	Monthly	Educational and social			Society on good financial basis.
Farrand Training School, Detroit	121		Five	Educational and business			Directory cards issued in January stated an increase in charges.
Garfield Memorial Hospital, Washington	37		Monthly	Educational and business	1		Average attendance at meetings, twenty. Framed a code of ethics, organized a system of professional study; established a sick fund.
Illinois Training School, Chicago			Monthly	Educational, business, and social			Furnishes a printed monthly report, which has the form of a news letter.
Johns Hopkins Hospital, Baltimore	192		Quarterly				Club-house furnished by general fund and gift, also scholarship established for Hospital Economics in Teachers' College. Visiting nursing inaugurated under its auspices. Much interested in proposed Magazine of the National Alumnæ Association, and have purchased one share of stock.
Maine General Hospital	29		Monthly	Educational			Lectures by physicians.
Massachusetts General Hospital	108	18	Three business. Ten instructive	Business and educational			Class in parliamentary law taught by Mrs. Shattuck.
Michael Reese Hospital, Chicago	49		Monthly	Business and educational	1		Lectures by physicians.
Presbyterian Hospital, New York	65	1	One	Business			Two shares in Magazine and one hundred and seventy-nine subscribers to Magazine guaranteed. Gave course in "Elementary Nursing," proceeds of which swelled Benefit Fund. United with three other alumnæ associations for lectures.
New York Hospital	247	27	Nine. Weekly lectures through four winter months	Business, educational, and social			Lectures.
Paterson General Hospital	37	8		Business and educational			Registry rules revised. Lectures given by hospital staff.
Pennsylvania Hospital, Philadelphia	81			Business and educational			Course of study proposed by Association Alumnæ taken up. Held, in connection with two other associations, six lectures per month.
Philadelphia Presbyterian Hospital			Monthly	Business and educational			Studies suggested by Association Alumnæ. United with two other schools in holding course of six lectures a month.
Rochester City Hospital	67	11	Quarterly	Business and social	1	A few	United with other associations to form a county association for the purpose of procuring needed legislation.
St. Luke's Hospital, Chicago	136	33	Eleven	Business and educational			Lectures given monthly by physicians. Publishes a monthly paper. Has established a Sick Relief Fund.
University of Pennsylvania Hospital, Philadelphia	103	7	Monthly. Lectures twice a month through winter	Business and educational			United with two other schools in holding six lectures a month.
Maryland University, T. S. Alumnæ	44		Two	Business and social			Supports a club-house. Sick benefit fund. Interested in Army Bill. Open registry.
New York Post-Graduate Hospital, T. S. A.	97		Monthly	Business and social			United with three other alumnæ associations for study course. Lectures given each week. Fair and a New England supper given at different times during year to aid in completing club-house work.

and social meetings also. One has increased its sick fund by giving a course in 'Elementary Nursing.' Some have united with other associations in lectures, thus accomplishing more than could have been done alone.

"We subjoin the condensed reports, and beg for lenient judgment if the figures and records are not perfectly correct, because the reports, some of them, at least, were so indefinitely expressed that we may have misunderstood the meaning, although we endeavored to be accurate.

"Should the association wish a similar condensed report another year, we would suggest that a blank form be sent to each secretary to fill. This would greatly simplify the work of all.

"A. O. TIPPET."

The president stated that there had been some question as to the advisability of continuing these reports from several alumnæ associations, and she hoped that the convention would discuss the matter and give expression to its opinion. Miss Ross, of Johns Hopkins University, moved that the reports be continued. Miss Davenport, of Philadelphia, said she thought the reports were not only interesting but instructive, and she seconded the motion that they be continued for another year. The motion was carried.

The report of the Committee on Periodicals was asked for. Miss Davis, the chairman, read the report as follows:

"The Committee on Ways and Means of Publishing a Magazine has the honor to submit the following report:

"From the numerous 'ways' four were selected to work from.

"First: To put the magazine into the hands of a reliable, widely known, well-established publishing company, who would print, bind, proof-read, mail, and copyright in a manner that would not be one whit below that of the standard magazines of the day, and in addition would furnish a business manager perfectly familiar with all details of the work, such as soliciting advertisements, canvassing subscriptions, etc.,—in fact, attending to all duties outside those assumed by the editor and staff.

"Second: To make a contract with a printing company who would agree only to print, who would not assume any other of the details, or if it did, would not guarantee the manner and prompness of its performance, as it could have no control over firms doing work outside its direct line of binders, mailers, etc.

"Third: To allow a business firm that has a large printing plant of its own to issue it who would be willing to assume all the labor in return for the revenue accruing from the advertising pages.

"Fourth: To join forces with some kindred or educational magazine about to be put or already on the market.

"The cost of issuing by the first two methods when summed up and averaged will not differ materially, being approximately three thousand six hundred dollars per annum for a monthly issue of two thousand five hundred copies.

"The means—First, subscriptions; second, advertisements; third, joint stock company.

"When the committee had obtained the foregoing information, it became necessary, in order to prove the feasibility of the first-named scheme, for it to have some assurance that subscriptions would be forthcoming, and in view of that there were printed and distributed five thousand copies of the circular with which you are familiar, and two hundred copies of a proposed outline.

"The returns from this procedure are in the neighborhood of five hundred and fifty cash subscriptions with 'encouraging promises' as soon as the scheme becomes a reality.

"From a publishing house the information has been obtained that we may depend on advertisements to about the sum of one thousand dollars net per annum, provided the subscription list amounts to not less than fifteen hundred, first issue.

"Fearing that the first two 'means' would not furnish sufficient funds for incidental expenses and to carry on the work with a rational guarantee against failure, the third method in conjunction with the other two was resorted to.

"A joint stock company has been formed, limited, with shares, par value one hundred dollars, selling at par. As a result, a guarantee of the sale of twenty-four shares has been obtained.

"The amount of cash at the present available therefor is about three thousand four hundred dollars, which, in the estimation of the committee, is a sufficient amount to warrant arrangements being made for an early issue of the magazine.

"The committee think it may be interesting to give a synopsis of the work done in connection with this enterprise, so that some idea may be formed of what it means to take even the preliminary steps.

"The chairman, having accepted the appointment, made a trip from Boston to Philadelphia to meet the president of this association, to have the work formally turned over to her, the president heretofore having assumed the duties. Together they interviewed a publishing house that kindly gave them a certain amount of information on which to base their estimates.

"A meeting of the committee was called in New York in January, 1900, Mrs. Robb, Miss Palmer, and the chairman being present. Various questions were discussed and a plan of work formulated.

"Another meeting (informal) was held in Boston in the same month, to which all nurses were invited.

"It became evident to the committee and others that in order to reach the members of the profession, to acquaint them with the movement, and to interest them in helping on with the work, quite a sum of money would be needed to pay for printing, postage, and stationery. Accordingly, at the meeting in Boston forty-one dollars were handed over to the chairman to be expended for that purpose. Not by the most penurious economy could the expenditure be kept within that limit.

"The chairman has written above three hundred personal letters, not counting answers to questions, and when to those two items are added the receipts for moneys, the listing of names, etc., you can easily see that it would have been almost impossible for any one actively engaged to have accomplished with such a small expenditure of money and nervous force the present substantial results.

"Miss Stevenson undertook to write to all the Canadian hospitals of which she had knowledge. We have several subscriptions from Canada, which are doubtless the result of her effort.

"The other members of the committee assisted in the distribution of the circulars, spurred their schools and alumnæs to take hold of the movement so that all this work and expenditure might not go for naught, sending also estimates from printers, etc., and greatly encouraging and cheering the chairman when inclined to be discouraged by the difficulties that thickened more and more as we proceeded, and threatened often to swamp the frail craft. I may add here that but two communications that could in any way be considered discouraging were received, both within the profession.

"The committee would feel honored if in this connection it were allowed to make one or two suggestions independently of the official report. Taking into consideration the fact of the immense amount of detail with which we as individuals are unfamiliar, and the high class of work which we demand, it seems absolutely necessary that this work should be put into hands competent to carry it through from beginning to end, with the least possible cost for the greatest amount of labor and perfection of execution, thereby relieving the editor and staff, who are doing all this work gratuitously, from a great expenditure of nervous force that might interfere with the excellence we are aiming to obtain, thereby causing shipwreck. It therefore suggests that the work be given to a publishing company.

"Also, being well aware that it has exceeded the bounds of its duty in asking for subscriptions and forming a joint stock company, the work would have been most rudimentary without such action, as the case was urgent and would not admit of delay till another year, therefore this committee suggests that it be given power to act."

Miss Vreeland asked for information concerning the subscriptions and the joint stock company proposed for the support of the magazine.

Miss Davis replied that they had five hundred and fifty subscriptions at two dollars each and a joint stock company with shares of one hundred dollars each.

MISS VREELAND.—So I understand that the publication of the magazine has been given to a publishing firm?

MISS DAVIS.—We have no power to do that. We have exceeded our power in doing what we have done, and we ask now for power to act in making a selection.

Miss Brobson, of the University of Pennsylvania, moved that the committee be given power to go right ahead.

Miss Steele seconded the motion.

Miss Hitchcock offered the following as a substitute for Miss Brobson's motion, which was accepted:

"In view of the fact that continual business management will be needed in the conduct of the magazine for some time to come, I move that the present committee be reappointed as a standing committee with power to act until such time as their services can be safely dispensed with."

The motion was seconded and unanimously carried.

Miss Gannon, of Garfield Memorial, offered a vote of thanks to Miss Davis and her committee for the untiring energy and zeal they had shown in the discharge of their duties. Carried.

Miss McIsaacs said: "It seems to me that it is very important that the alumnæs should follow the lead of the Johns Hopkins and take stock in this joint stock company. It does seem that in all large societies it would not be difficult to raise quite a sum. Five dollars is not a very great amount to risk, even if it is not a success, while from Miss Davis's report there is every evidence that it will be a great success."

Miss Palmer said that the Alumnæ Association of the Rochester City Hospital had raised the amount necessary in a very few minutes. One said twenty-five dollars, another said ten dollars, another five dollars, and the hundred dollars was made up without any urging. The alumnæ associations only need to have the matter brought before them to have the same enthusiastic belief in the success of the magazine which the committee feel.

MISS BARNARD.—How is the stock company going to manage its affairs? If we keep it within certain limits we can, perhaps, manage it ourselves without incorporating it, but if we allow it to get too large we will have to incorporate it. We thought we would make the shares large and limit subscriptions to a certain amount and keep it within ourselves.

MISS DAVIS.—No one fears that they will lose their hundred dollars, and they may get good dividends if properly managed.

Miss Breeze, of Illinois, from the committee appointed to report on whether this association should join the National Council of Women, stated that the committee had been unable to hold a meeting and asked for further time, which was granted.

The convention then adjourned to meet at ten o'clock A.M. to-morrow, Saturday, May 5, 1900.

Saturday, May 5, 1900.

The convention was called to order by the president at ten o'clock A.M.

Reports from committees being in order, Miss Damer, from the Educational Committee, submitted the following report, which was accepted:

"To the National Associated Alumnæ:

"Your Committee on the Course of Study beg to report that the following course was suggested to the alumnæ associations to be adopted in whole or in part, according to their discretion.

"1. Parliamentary Law.

"2. Ethics.

"3. Bacteriology and Hygiene.

"4. Practical Nursing Subjects, with suggestions as to topics under these four general heads.

"Sixteen associations reported as having followed the course or as having arranged their own on the same lines, viz.: Michael Keese, New York; Garfield, Maine General, University of Pennsylvania, Rhode Island, Presbyterian, New York; Illinois, Pennsylvania, Post-Graduate, St. Luke's, Chicago; Bellevue, Rochester City, Farrand, and Presbyterian, Philadelphia.

"No reports were received from Johns Hopkins, Boston City, Massachusetts General, Long Island College, Brooklyn, Homœopathic University of Maryland, and Paterson General.

"The following associations reported as having followed no course of study whatever during the winter: Brooklyn City, St. Mary's, Brooklyn, and St. Josephs, Paterson.

"The committee has found that as a course of study involving special work by the members it has proved impracticable, therefore lectures on the subjects selected were arranged for in New York and Philadelphia, the local associations combined in the former place holding weekly meetings for four months, in the latter monthly during the winter. This plan was considered eminently successful, as many as eighty members being present at a time. In many places where there is only one association, graduates of other schools were invited to attend the lectures.

"All the associations are unanimous in their expressions of appreciation of the interest shown by the lecturers and the willingness with which they gave their time and services towards making the plan successful.

"Respectfully submitted,

"Annie Damer, Chairman."

Miss Damer said that the committee had asked for suggestions bearing upon their work from all the alumnæ. They had received suggestions for three courses for next year. In two they confined themselves to nursing subjects and in the other they incorporated literary subjects. The committee had really gained very little information in that way, and she thought if questions were asked and answered by the delegations present more light would be thrown upon the subject.

Miss Barnard in the chair while the president took the floor.

The President.—This committee was only appointed last year to see what could be accomplished along study lines. They have done far better than we could have hoped for. As the formation of such a committee was only suggested last year, Miss Damer had a great deal of correspondence before she could get the committee appointed. She had, therefore, very little time and opportunity to place the proposed work before the several alumnæ societies, and in view of these facts the results attained have been remarkably successful. It rests with you whether you desire to have this committee continued for another year. I would like to hear a general discussion on the subject.

Miss Breeze.—I move that the Committee on Education be continued in office to carry on the work they have inaugurated for another year.

The President.—Do you mean the same committee?

Miss Breeze.—The same committee will be highly satisfactory.

Miss Damer.—I am really unable to remain on the committee for another

year. I have so much work in my own association that I cannot undertake any further responsibilities. If it is decided by the convention to continue the same committee, I would suggest the name of Miss Stone, of the Presbyterian Hospital, New York, as chairman of the committee.

Miss Breeze's motion to continue the Committee on Education in office for another year was then adopted, and, on motion of Miss Damer, Miss Stone, of the Presbyterian Hospital of New York, was appointed chairman.

Miss Breeze, chairman of the Committee on Affiliation with the National Council of Women, said that the committee had had a meeting yesterday afternoon and had drawn up the following resolutions, which they begged to submit for the consideration of the convention:

"WHEREAS, The Nurses' Associated Alumnæ of the United States and the American Society of Superintendents of Training-Schools for Nurses, having each under favorable consideration the step of entering the National Council of Women of the United States; and

"WHEREAS, The suggestion made by Mrs. Sewall, that the organized bodies of nurses in the United States could affiliate together and enter the National Council of Women under some such title as 'The National Council of Nurses' or 'Council of American Nurses,' having been favorably considered by both bodies;

"*Resolved,* That the Associated Alumnæ of the United States and the American Society of Superintendents do affiliate under the title 'American Council of Nurses,' and apply for membership in the National Council of Women under this title,—it being understood that other bodies of nurses nationally organized are eligible to affiliate with the 'American Council of Nurses' for the purpose of sharing this membership in the National Council of Women. It shall be understood that this affiliation does in no way interfere with the constitution or special objects of any affiliating society;

"*Resolved, further,* That each society thus affiliating shall appoint two (2) of its members, all of whom together shall choose one member at large, and that these members appoint their own chairman and constitute an Executive Board to carry on all relations with the National Council of Women, and shall give a yearly report of same to each society affiliated under the title 'American Council of Nurses.'"

Miss Carr moved that the resolutions submitted by the committee be adopted and that the committee members from the Nurses' Associated Alumnæ be appointed by the chair. Carried.

The report of the Committee on Division of Expenses was next called for.

Miss Barnard, as chairman of that committee, said: "So far as our committee is concerned, I cannot say that we have worked much together. At the beginning I saw some and wrote to others and asked for plans and suggestions. I received suggestions from one or two members of the committee, but soon found that the work was of such a nature that the committee could not very well work together, so I am afraid I shall have to bear the responsibility of the whole thing myself. I should like to refer to the printed report of last year, where you will find the reason why we undertook this work. The primary object was not so much a division of expenses as to provide means for securing the attendance of all the delegates from the several alumnæ societies instead of one delegate from each association with power of proxy. Then you may remember, if you read the report, that it was only to be experimental for one year. Next year I think you will find the opportunity to try the other method. This plan could not be carried out if we met in different cities each year. Of course, there are advantages on both sides of the question. There are a great many advantages in the plan of meeting in different cities. I think we will probably have less delegates,

but we will have a large local attendance. Whether that would be as representative a body of people to discuss national questions can only be decided by testing the subject by holding the meetings in that way. As to the work accomplished by our committee, I have not prepared a written report, because you all have received the letters and statements and have had the workings of the plan explained to you. We were sorry to have to ask you to pay in this money to create the fund, but were very much pleased with the prompt manner in which you met the call. I think I have no report to make except to ask you to fully discuss the methods employed. Let us hear how you individually feel, as delegates, as to the advantage of being here,—the advantage of having present the whole number of delegates from an association,—the advantage to the association and to the delegates in having this larger opportunity for conference. Our object was to get the delegates here. It is for you to decide whether the system is advantageous and whether it shall be continued. We are entitled to fifty delegates this year and forty-eight are registered."

THE PRESIDENT.—Last year we had thirty-six, thus showing an increase of twelve.

MISS BARNARD.—We were entitled to fifty before we had our new members come in this year.

MISS BROBSON.—The question is whether it is better for us to meet always in New York City or to meet in different cities each year. If we meet here, of course this plan enables a much larger number of delegates from far-away places to be present than where each association pays the expenses of its own delegates. But it seems to me that in carryring on our work enthusiasm counts for so much that we ought to meet in different cities in order to come into direct touch with the local societies all over the country. I think we ought to meet in Philadelphia some time. I think it will be improving in every way to see what is being done at these meetings.

THE PRESIDENT.—I think the understanding was to make New York our head-quarters, because if we move about from place to place it will be impossible to pool the expenses. Each alumnæ association would have to meet its own expenses. Next year we meet in Buffalo, and according to Miss Barnard's report it will be impossible to pool expenses next year. Possibly it will be better to leave the question of whether we shall meet in New York continually until after the meeting next year. I only suggest this in order to save time.

MISS BARNARD.—I think there is no necessity to make a decision to-day. Next year you will have the opportunity of trying other methods, and will have the benefit of that experience to guide you.

THE PRESIDENT.—While I do not consider it important that a decision on this subject be made now, yet I want to advise you to discusss the matter fully this year, so that your delegates will understand the true situation when they come to the meeting next year.

MISS BARNARD.—So far as the work of this method is concerned, we simply get the prices of the railroad and Pullman tickets and allow for expenses in the city. We have obtained reduced rates over all the roads, even with the New York Central, where the rate is high, the reduction is as much as between eighteen and twenty-four dollars. The New York associations entertaining the delegates will be more than an offset to the withdrawal of the Philadelphia association.

MISS BREEZE.—A number of delegates would like to know why it would be impossible to pool expenses if we meet in different cities.

MISS BARNARD.—I do not mean to say that it would be absolutely impossible, but it would be highly unpractical and complicated. We would have to employ an expert railroad man to work out the problem for us, and we would probably have to pay him for doing it.

MISS RHODES.—We appreciate very highly the privilege of being able to send all our delegates here in New York.

MISS BARNARD.—I think it would be quite impossible to send a full delegation from Chicago, for example, except by the plan of pooling expenses. I think the expense of sending one delegate is nearly seventy-five dollars.

The question was asked what proportion of this expense is shared by the New York delegates.

MISS BARNARD.—The proportion is exactly the same in New York and Chicago. New York paid the same, exactly, as Chicago this year.

MISS RHODES.—How many delegates are here from New York? Is not the proportion of delegates larger from New York?

MISS BARNARD.—There are sixteen from New York, including Brooklyn.

THE PRESIDENT.—All those who feel satisfied with the work of the Committee on Division of Expenses this year will please signify that satisfaction by standing.

The response was a unanimous vote expressive of the satisfaction of the convention with the work of the committee.

MISS BARNARD.—I was fearful that you might not be satisfied, as the work was merely experimental.

MISS DAMER.—We are not dissatisfied with the report of the committee, but some of us are dissatisfied with the plan. We feel that it is a very great drain on the individual associations to pay in this amount yearly. We think we ought to be represented, but we do not feel that we can afford it. We might send one delegate,—we are sending more now because we are paying for it. We are paying in this year sixty-four dollars, and each year we will have to pay the same amount or more. We feel if we continue this plan we will have nothing left for our local and other expenses.

MISS BARNARD.—Of course, if we meet in near-by cities, such as Philadelphia or Boston, the pooling system would be more expensive for you, but if we should meet in Chicago or other Western cities it would cost you more to send one delegate. The president has suggested that you discuss this matter with your alumnæ during the year, because when you send your delegates to Buffalo next year there will be no pooling of expenses, and the question will be brought up there for decision.

MISS RHODES.—It does not seem to be thoroughly understood how the rate of taxation for membership is fixed,—why the tax is ten cents each.

THE PRESIDENT.—As I understand Miss Rhodes's question, she desires to know why the tax is fixed at the amount of ten cents per capita for membership in the Associated Alumnæ.

MISS HEALY, treasurer.—If you will turn to your constitution, under the head of "Dues and Fines," page 21, you will find the following:

"SEC. 1. Each and every alumnæ association joining the Nurses' Associated Alumnæ of the United States and Canada shall pay an initiation fee of five dollars ($5) for every fifty members, and five dollars ($5) for every additional fraction of more than half that number. Alumnæ associations of less than fifty mem-

bers shall pay five dollars. This fee shall be paid by the treasurer of each alumnæ association within one month after admission into this association.

"SEC. 2. This initiation fee shall include annual dues for the first year. Annual dues thereafter to be fixed yearly by this association (Executive Committee). Annual dues shall be paid to the treasurer at the annual meeting."

This amount has been fixed each year by the association, and they thought it simpler just to tax each member ten cents than to pay it from the general fund. Thus an association with ninety-five members pays nine dollars and fifty cents, and an association of seventeen pays one dollar and seventy cents.

The Sectional and Census Committees did not report any progress over last year.

THE PRESIDENT.—We come now to a consideration of the amendments to the constitution read last year at the annual meeting and sent three months ago to each alumnæ. The secretary will please read the amendments.

The secretary, Miss Thornton, read as follows:

"Article I. Amend by striking out the words 'and Canada.'"

A vote was taken and the amendment was adopted.

"Article III. Amend by striking out the following clause: 'If not less than one hundred beds.'"

A vote was taken and the amendment was adopted.

"The next amendment is to Article IV. Amend by inserting in the first phrase following the word 'Active,' the word 'Associate.'

"Alter the second phrase to read thus: 'Active membership shall consist of delegates duly elected to represent alumnæ associations of general hospitals, giving not less than two full years of training in the hospital of all officers of the association and of all charter members.

"Associate membership shall consist of duly elected delegates representing alumnæ associations of small general hospitals whose superintendents are eligible for membership in the American Society of Superintendents of Training-Schools.

"That all articles or by-laws not in conformity with these amendments be amended to agree with them."

THE PRESIDENT.—There is also an amendment to that amendment to Article IV. which shall provide that, besides alumnæ associations other than local organizations or societies of nurses may be admitted to full membership on the condition that these societies have the same requirements for admission as the National Alumnæ, viz.: two full years of training in a general hospital. It is in order to vote upon the amendment to the amendment first.

MISS BARNARD.—I wish the convention to consider this very carefully before the delegates vote. We are very much interested in State federation. There are a great many excellent members we are anxious to have in the association who are not members of alumnæ associations. If we admit them, however, into full membership we will have to undo all that we have done, working on alumnæ lines. Before we vote, would it not be better to hear from the other body as to what they want to do?

MISS DAMER.—Our society is one of the societies meant. The Buffalo Nurses' Association organized five years ago, taking in all graduated nurses in the city from small and large schools. A year ago the constitution was altered, and now we only take in graduates of schools having fifty beds and giving the full two-years hospital training. We feel the necessity for State organization for legislative purposes. As to how we shall organize so as not to conflict with the National

Association and not conflict with what we are planning has been a problem. We fear that if we organize entirely on alumnæ lines that the whole of the representation will come from one city in the State and will not be a general representation. We have two or three alumnæ associations in the western part of the city of Buffalo connected with the National Society now, and whether to add to those associations in Buffalo or have our own local association and affiliate with the National Association is a problem which has caused us much thought. We are in sympathy, and we all want to work together and do not want to split up our body. But if we organize in New York State we think we ought to organize as we think best. The conditions may be different in different States. We would organize for our own needs and then affiliate in some way with the National Association. We think the State association should be an independent body, but affiliate with the national organization, taking in the alumnæ associations, or forming a county society or local society where there are a number of them. In New York, where the city and county are the same, I suppose it would take in all the associations here. In Erie County I think all the schools are in the city of Buffalo and very few nurses practising outside of the city. Go a little farther west, and in Chautauqua County there are three or four towns with small schools, and the nurses practising there might unite in forming a small society. I do not think we would want our local association to go into the national organization on any other basis than that of active membership. We feel that we are doing as good work as the alumnæ associations are, and if we go in we want to go in on terms of equality.

Miss Palmer.—When we come to organize a State society, the principal motive being to influence legislation, we take an entirely new departure from the motives actuating us in the organization of our associations for educational and social purposes. We go before the Legislature as citizens of the State, not as graduates of any one particular school. The nurses of the State who hold diplomas from reputable schools would certainly have a right to representation in a State society; otherwise we would build up, in the beginning, a political opposition which would prevent our passing any law in any State in the Union. The first qualification is citizenship, not school qualification. In regard to the county society we have organized in Rochester, and I think we are the pioneers among county societies, our principal motive has been to assist in the organization of a State society. We have not marked out any definite lines and we have not considered the question whether we wish to affiliate with the National Society or not. We have organized purely for State purposes. The Alumnæ Associations of the Rochester City Hospital and the Homœopathic School united in issuing a call to the nurses of Monroe County to come together and organize a county society, and in that first meeting there were represented eight schools from different parts of the county. A number of active working nurses in that community, Miss Allerton, Miss Smart, my sister, and myself, occupying important positions in the western part of the State, are not New York women, and because of that fact we have absolutely no representation in the affairs of the State in any way. Any nurse who lives away from her alumnæ association is specially interested in the organization of these county societies. We feel that it is important that we have a voice in the nursing methods of the State where we are located. Those are the two points I wish to make. A State association must be organized on the basis of citizenship, and it must give to every woman, in good standing (of course, there must be an eligibility standard), living away from her

home alumnæ association an opportunity to take an active part in the work that is going on. Otherwise she can only sit in the background and say nothing.

Miss Barnard in the chair and the president took the floor.—I think it has always been in the minds of all of us that ultimately we should have local associations and State associations for the very reason that Miss Palmer speaks of that. When a nurse comes into any town or city, if she is a member of her school alumnæ, no matter what State she comes from, she at once becomes a member of the local association and has her voice in its business affairs just as if she had been there always. If graduates, for instance, from schools in the State of Massachusetts come here, there is every reason why they should enter right into membership and attend the local meetings. Now, the question is just this: if we are going to form State associations and local associations, just how comprehensive are they to be? Shall they consist only of the members of school alumnæs, or shall we be more comprehensive and take in women who can qualify in every way just as well as any of us, but who, for various reasons, do not belong to their school alumnæs? For instance, the school from which they graduate may not have an alumnæ association. It may be that she may never return to the city where she graduated, and there would be no motive for her to help organize an alumnæ association in her school. Just the same, that woman wants to be identified with nursing progress in every way. Again I ask, how comprehensive are you going to make the local organizations? From the local organizations will come the State associations.

Miss Dock.—I think the great thing needed is to get nurses to organize—to get them into organizations. I doubt if Miss Barnard's fears of undoing all our work on alumnæ lines will be justified. If I thought so I would hesitate. I do not think she is quite right. I do not think the alumnæs will be weakened by having other organizations spring up. If we find common ground to work together, all will be strengthened. What I should be sorry to see would be State associations not affiliating with the national body. The national organization, I understand, does not control local affairs. We must make a compromise. The national association must not be too rigid as to membership, and the State organization must not be too independent and stand on State rights. Both sides must make concessions. A compromise might be made in this way: if the State organization in forming found it better to have a very wide, loose membership admission, and the national association feared that this would injure their standard, then suppose a time limit be established, in which the State organization could take in members on that basis. At the end of the time limit, say five years, a more definite standard might be fixed. That plan is often pursued in State legislation. After a certain period uniform standards may be fixed in all the States, which standards should be fixed by the vote of the national body, to which I hope the State associations will always belong.

Miss Barnard.—I did not mean to say that we would necessarily undo the work we have already done, but I hope that instead of making a hasty decision to-day, that a committee may be formed to consider the matter.

Miss Dock.—In the second paragraph of the proposed amendment to Article IV. it is said: "Associate membership shall consist of duly elected delegates representing alumnæ associations of small general hospitals whose superintendents are eligible for membership in the American Society of Superintendents of Training-Schools." I believe that it is out of place in this constitution, and I do not think the two societies should be taken into consideration. The National

Alumnæ Association is the association we are now considering, while the American Society of Superintendents is a society of teachers.

MISS BREEZE.—It seems to me that we ought to make the limit of beds less than one hundred. If we are going to help in getting State legislation, we will need the help of all graduated nurses in the State. There are many good schools giving the full two years' training where the hospitals have only fifty or seventy-five beds. I think it would be better to have a smaller number of beds.

THE PRESIDENT.—We have already stricken out the clause, "of not less than one hundred beds," which accomplishes what you desire. I wish to suggest that the school alumnæs throughout New York State form into local associations and form a State association, and that during the year they formulate how much more extensive they wish to make their membership and place it before this association next year.

MISS PALMER.—The alumnæ associations can only use their resident membership. Let the resident members get together and form a society and call it local or county. Those who are not resident members will have no voice in that branch of work.

THE PRESIDENT.—We want local associations formed as soon as possible to get our State organization under way during the coming year. I think there are a sufficient number of you who are members of school alumnæs to get together and form local associations. This will be a nucleus for the State organization. When you get organized, come to some conclusion as to your requirements for membership, how comprehensive you mean to be. We are all agreed that a woman who can qualify in every way except through her school alumnæ ought to have the privileges afforded by the local organizations. We want to get our State organization as soon as possible. For organization purposes take the material you have in your local alumnæ associations for a nucleus, and I advise you to get to work. You will present an object-lesson to other States just as soon as the work gets under way, and if you go about it promptly you will be of great assistance to other States in their organization of State associations.

MISS BARNARD.—It seems to me that we should have a committee appointed to consider this question.

MISS PALMER.—I don't think that the committee should be appointed from this association. I think that the State association should be free to act as it sees fit.

MISS DOCK.—If it will make the work of revision of the constitution easier, I am willing to withdraw my amendment to the amendment, believing that the matter will be better provided for in another way.

THE PRESIDENT.—Just now the constitution is drawn up for associated alumnæs. It seems to me that the adoption of these amendments now would involve the changing of the name of the constitution and revising it from beginning to end.

MISS PALMER.—As I understand, it is proposed that the resident members of the alumnæ associations of New York State shall come together and make themselves a nucleus upon which we shall build our State society, and that we shall practically waive the constitution for the year and report to this association at its next meeting what our requirements are, and then make our application for affiliation with the national association.

Miss Nutting, who had proposed the amendments to the constitution at the last meeting of the association, said, "In view of the fact that the constitution

is to be revised in order to give the association wider scope and bring in other associations, I will withdraw my amendment."

The further amendments to the constitution having been withdrawn, the discussion was declared closed and the convention proceeded to a consideration of the papers prepared for the day.

The first subject was "Openings for Women in the Nursing Profession." Miss Elizabeth R. Scovil, of the Massachusetts General Hospital Alumnæ, presented the first paper, which was read by Miss Thornton, the secretary.

Miss S. Louise Laird, of the Rochester City Hospital Alumnæ, next read a paper on "The Work of Nurses in Asylums."

A paper on "The Work of Nurses in Sanitariums," prepared by Miss Lobb, of the Farrand Training-School Alumnæ, was next read, followed by a paper on "The Work of Nurses in Schools and Colleges," prepared by Miss Martha S. Barr, of the Boston City Hospital Alumnæ.

The next general subject selected for discussion was "District and Settlement Work." Under this head a paper on "Settlements" was read by Miss Lilian D. Wald, of the New York Hospital Alumnæ.

Under the same general head a paper on "District Work in New York" was next submitted by Miss H. Van Cleft, of the Presbyterian Hospital Alumnæ, of New York.

The convention then took a recess until two o'clock P.M.

At two o'clock the convention reconvened and the president announced that the first business in order would be the report of the Committee on Nominations.

Miss Damer made the following report:

REPORT OF NOMINATING COMMITTEE.

"The Nominating Committee beg to submit the following names to be voted upon for office during the coming year:

"President—Mrs. Isabel Hampton Robb; Dr. Tompkins, graduate St. Luke's, New York; Miss Wadley, graduate Bellevue, New York.

"First Vice-President—Miss M. V. Clymer, University of Pennsylvania, Philadelphia; Miss Plummer, Massachusetts General, Boston; Miss Hackett, Illinois Training-School, Chicago.

"Second Vice-President—Mrs. Cuthbertson, St. Luke's, Chicago; Miss Keating, Erie County, Buffalo; Miss Mary E. Smith, Farrand Training-School, Detroit.

"Secretary—Miss Thornton, Post-Graduate Hospital, New York; Miss Dawson, New York Hospital, New York; Miss Carrie Sutliff, New York Hospital, New York.

"Treasurer—Miss Healy, Brooklyn Hospital, Brooklyn, New York; Miss Mason, Brooklyn Hospital, Brooklyn, New York; Miss Stone, Presbyterian Hospital, New York.

"Chairman of Committee on Arrangements—Miss Damer, of Buffalo, New York.

"The Nominating Committee would like to suggest, as the next annual meeting is to be held in Buffalo, that Miss Damer be given the power to choose her own associates.

"ANNIE DAMER,
"Chairman Nominating Committee."

Ballots for voting were distributed, and the president announced that the result of the ballot would not be reported until the close of the session.

Miss Merritt announced that a meeting of the delegates from the New York Alumnæ Association for the purpose of considering the subject of organizing a

State association would be held at the Presbyterian Hospital at three o'clock P.M. to-morrow.

By request, Miss Alline addressed the convention briefly on the subject of the teachers' course of study, which she had taken during the past year. She said:

"I am very glad to speak about this course as well as I can, and I can best do so by giving you briefly my experience in the work.

"I consider the course a practical one, not only for superintendents who wish to take up hospital work in the future, but also a practical course for nurses in private work. All of you know that in the past two or three years great interest has grown up in private work in regard to the foods and dietaries in families. You all know that this subject is having special attention now, and if the nurses do not keep up with the work in this branch of their profession and know what particular diet to prescribe in certain cases and become thoroughly acquainted with all the details of the work, the people at home will think it better to have home nurses in place of graduated nurses. The doctors are now taking much more interest in this subject than heretofore. The teachers' course affords to the nurse a thorough and practical training in this very important branch of their profession. We have a thorough course of teaching in institutional work, and we all know from our own training that the teaching has not been all that it should be. Of course, a great deal of that is due to the time given to it. More time will be required from now on, and our work in the teachers' college in that way gives a woman the opportunity of making out her lessons in a practical way. If she goes on with one recitation, she knows how much she can do in the limited time she has; she can work it out so that she gets the greatest advantage in the least time. We have, in connection with our domestic science work, domestic chemistry. In this branch of the work not only are the foods analyzed, but the utensils used in cooking the foods. We do not need any one to tell us whether we can put acids in copper or tin vessels. We have that work down to a fine point, and we take up every subject in the same way. The work has been very pleasant this year and we have accomplished a great deal, but I feel that more time is needed. If you could come to the college and see the work going on you would take more interest in it. The college life is not only interesting, but it is beneficial as well. We have a course of lectures and entertainments for all the students, and the students' clubs are carried on under strict parliamentary rules. As to the financial part of it, your matriculation fee is five dollars and your books cost about twenty dollars. Your entire college expense will average about a hundred dollars a year."

THE PRESIDENT.—We will not attempt to go into details in explaining this teachers' course. Our circular will be out in a few weeks, and it will explain the course thoroughly. I shall be very glad to furnish a copy of the circular to any one who desires it and who will write to my address or to Miss Alline, Teachers' College, Columbia University, New York City. Every one who can do so ought to visit the college on Tuesday afternoon. Miss Alline will be there and will be glad to take you over the college. It is worth a visit.

Miss Maxwell next announced that nurses from St. Luke's Hospital, New York, and St. Luke's Hospital, Utica, and the Presbyterian Hospital, New York, will be in Paris this year for the purpose of nursing American visitors. Their address will be care of Miss Emma Keith Booth, 201 Rue Vaugirard, Paris. They have been advised to go there to do this work, and they will be properly chaperoned and have an abiding-place with a married woman, which they have been told is very important to their success in Paris.

MISS HACKETT.—I wish to move that the delegates to this convention petition the American Society of Superintendents that they individually and col-

lectively use all possible means to discourage the practice of sending third-year pupil nurses outside the hospital for private duty.

Seconded by Miss Dock and unanimously carried.

Miss Nutting.—We are told that the Army Nursing bill is now dead. It came up in the Senate three weeks ago, and by the vote of only one senator it was reported adversely, and it did not come up in the House at all. From every quarter the report has been industriously circulated that the representative nurses of this country were not in favor of this bill. This report is a gross misrepresentation of the true feeling on the subject. The representative nurses of this country are in favor of the bill. They earnestly desire a change in the existing conditions of army nursing. In view of this fact, and to prevent the further circulation of so misleading a statement, I move that the president appoint a committee of three to frame a resolution expressing the sense of this convention on this subject, and that the committee report the resolution to the convention for a vote.

The motion was seconded and carried, and the president appointed Miss McIsaacs, Miss Carr, and Miss Riddle a committee to prepare the resolution and report back to the convention.

The president announced that members of the International Council of Trained Nurses had been invited to attend the conference of the associated alumnæ at Buffalo next year, and that from letters received from them it was stated that none of them were able to come early in the year. There were other reasons which made it desirable to have the next convention meet later than May, the time which had been selected heretofore. The Society of Superintendents will hold its annual meeting in September and the Associated Alumnæ had been requested to hold their meeting at the same time. It would hardly do to meet in midsummer, and September was a pleasant month in Buffalo. If, therefore, there is no objection, it will be considered settled that the next meeting will be held in Buffalo during the third week of September instead of May.

There being no objection it was so ordered.

The convention then resumed the consideration of papers on "District Work." A paper on "District Work in Boston," prepared by Miss Lucy MacBride, of the Boston City Hospital Alumnæ, was next read, followed by a paper on "District Work in Philadelphia," prepared by Miss Forbes, of the Pennsylvania Hospital Alumnæ, and by one on "District Work in Chicago," prepared by Miss Harriet Fulmer, of St. Luke's Hospital Alumnæ, Chicago. Miss Annie Damer, of the Bellevue Hospital Alumnæ, gave her paper on "District Work in Buffalo."

Three papers on "Visiting Nursing," prepared by Mrs. William M. Carhart, of the New York Post-Graduate Hospital Alumnæ, by Miss J. J. Cunningham, of the Rochester City Hospital Alumnæ, and by Miss Helena Barnard, of the Johns Hopkins Hospital Alumnæ, were omitted in consequence of the limited time. The president announced that these papers would appear in the printed proceedings.

Miss McIsaacs, from the committee appointed to frame a resolution expressing the feeling of the convention upon the subject of the Army Nursing bill, submitted the following:

"The Associated Alumnæ of Trained Nurses of the United States, representing by its forty-eight delegates many of the principal training-schools for

nurses of the country, at its third annual meeting, held at the Academy of Medicine, in New York, May 5, 1900, proposes the following resolution:

"*Resolved*, That this association strongly and unanimously endorses the principles contained in the bill recently before Congress, to establish a permanent Army Nursing Service, under the direction of a properly qualified trained nurse, subject to the control of the Secretary of War and the Surgeon-General of the United States Army, and furthermore pledges its hearty support to every effort to secure its passage."

The resolution was unanimously carried.

The convention then resumed the consideration of papers on "The Necessity for and Development of Post-Graduate Work for Graduate Nurses." Papers on this subject were read by Miss Mary Day Barnes, of the Illinois Training-School Alumnæ, and by Miss Persis Plummer, of the Massachusetts General Hospital Alumnæ. A general discussion finally closed this part of the proceedings.

THE PRESIDENT.—What is the pleasure of the convention as to the affiliation of this body with the International Council of Nurses?

MISS DOCK.—As secretary of the Superintendent's Society, I would caution you against haste. The Superintendents' Society decided to enter the National Council of Women as a body, but I have not yet seen the letter saying so. Then the question of affiliating with you in the International Council of Nurses was brought up but no vote taken. I believe the general sentiment of that society would be for affiliation. But no action has been taken, and I would suggest that you empower your secretary to write to me as secretary of the Superintendents' Society, and I will lay the proposition before my society that such an affiliation is desired by you. I will submit the question by letter and get the votes in the same way.

MISS BREEZE.—I move that the president appoint two members of this association to confer with the Superintendents' Society, and that all further business as to the affiliation with the International Council of Nurses be left to the Executive Committee. Carried.

MISS ROSS.—I move that a committee of five be appointed by the chair to consider the best methods of establishing a Central Directory and to report at the next annual meeting.

Seconded by Miss Carr, and adopted.

MISS NUTTING. Is it possible to suspend the by-laws to enable me to present a name for honorary membership?

THE PRESIDENT.—The by-laws can be suspended by unanimous consent.

The rules having been unanimously suspended, Mrs. W. Bayard Cutting was elected an honorary member of this association in recognition of her special services in the interests of the nursing profession.

Miss Damer, from the Committee on Nominations, submitted the following report of the vote for officers for the ensuing year:

"President, Mrs. Isabel Hampton Robb; first vice-president, Miss Hackett; second vice-president, Miss Keating; secretary, Miss Thornton; treasurer, Miss Healy; chairman of Committee on Arrangements, Miss Damer."

MISS CARR.—I wish to submit the following:

"WHEREAS, The delegates to the Associated Alumnæ of the United States, desiring to express their appreciation of the work of the Committee on Arrangements, it is

"*Resolved*, That our most hearty gratitude be extended to the Committee on Arrangements, and especially to its chairman, Miss Maxwell, for the excellent

provision for the comfort and entertainment of the delegates during this convention."

Unanimously carried.

THE PRESIDENT.—We all heartily concur in the resolution that our Committee of Arrangements have taken splendid care of us, and I ask a rising vote of thanks to the committee.

A unanimous rising vote was given.

Miss McIsaacs introduced a resolution of thanks to the entertainers of the delegates, which was unanimously adopted.

Miss Hackett, the newly elected vice-president, said that she had no idea of being elected to the position, but as she had been, she would do the best she could.

MISS KEATING.—I really have no speech to make. I shall hope the president and vice-president may be there to do everything, and that I shall not be needed for much.

THE PRESIDENT.—In closing the proceedings of this convention I want to say that we have many things to be thankful for. The registers show the full number of delegates lacking one, and the general meetings have been well attended. The papers and the discussions have been excellent. The weather has been delightful, and I want to express my personal thanks for your continued confidence in my ability to guide the affairs of your association. I can only assure you of my willingness and desire to further the interests of the association in every way possible.

I now declare the Third Annual Convention of the Associated Alumnæ of Trained Nurses of the United States adjourned.

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ORIGINAL COMMUNICATIONS

ADDRESS OF THE PRESIDENT *

ISABEL HAMPTON ROBB

ONLY once during the twelve months is it our privilege to meet together as a corporate body to deal with the common affairs of our common work, to take counsel, as wisely as we may, how we may improve and further that work by mutual and organized efforts, and at the same time strengthen those ties which bind us together as individual workers and as members of a profession which in a little over twenty-five years has grown, as it were, from a small seed to a mighty tree whose branches spread widely and in many directions. To this yearly gathering also are brought the suggestions of individual members and of individual alumnæ associations to receive the consideration and attention of the representatives of the whole body, who deliberate upon them and take such action as seems best. The result of these deliberations, together with the substance of the papers read and of the ensuing discussions, are reported to the several alumnæ by their delegates, and, moreover, are printed in detail in the annual report, which is circulated through the proper channels, so that it comes within the reach of even the most remote member, supplying her, we trust, with fresh food for thought and a new stimulus for the work of the next year.

It would seem, therefore, advisable that we should make use of this annual opportunity to hold a general review of our forces, so that, utilizing what we can learn from the retrospect, we may be the better able to

* Before the Third Annual Convention of the Associated Alumnæ of Trained Nurses of the United States. Held in New York, May 3, 4, and 5, 1900.

deal with the present and receive a clearer understanding as regards the future. Our looking backward does not as yet give us much ground to cover, since this is only the third time we have met together, and our combined deliberations cover only two years of work. But even in this short time we have been brought face to face with circumstances which are of deep import to all nurses, and which have caused the need for concentrated interest and work to be keenly felt. To those of our members to whom the benefits to be derived from organization were perhaps not yet clear, I feel sure that certain events of the past two years have shown the imperative need for organization, so that I trust that this question may be regarded as permanently settled. Indeed, to our cost we now know that the concentration of our forces came too late by at least a year, for one can hardly doubt that the nursing of our soldiers during the Spanish-American war would naturally have fallen into our hands had our professional organization been completed earlier. If this had been done, our capacity to meet properly so important a crisis would have been better understood and appreciated, with the result that not only would our soldiers have received better nursing, but we ourselves might have been spared the extra exertion that has been demanded of us during the past two years in our continued efforts in supporting the Army Nursing Bill, and at the same time upholding the honor of our professional status. It may be, however, as well that we were not successful to begin with, for had honors come to us too easily, they might possibly have rendered us careless of our best interests in the future, and the necessity for absolute loyalty and continued personal effort might not have been so early impressed upon our minds with sufficient emphasis. Be that as it may, the events of the past year have made even the doubters among us realize that, in a certain sense, the trained nurse as a unit is nobody; and although at this writing the success or failure of the Army Nursing Bill is still undecided, we may still feel that, whether we win or lose the cause for this year, we should be deeply grateful that we were a sufficiently organized and representative body to be able to unite in working to uphold and guard our professional honor and its welfare.

In other ways, also, there has been a closer drawing together and a broader outlook developed, chiefly through the efforts of our Educational Committee. For the purpose of education in various cities alumnæ members of different schools have met together, and, in accordance with the programme submitted by the Educational Committee, courses of lectures and talks on various topics have been arranged and well-attended meetings have been held at the various alumnæ club-rooms. Incidentally this exchange of alumnæ courtesies has been the means of stirring up a considerable pride and ambition in individual school alum-

næs, and as a result new club-houses have been established. These meetings may also be regarded as the forerunners of the local clubs which we shall hope to see begun in the near future.

But no doubt the chief subject that has largely held our interest during the two years past has been army nursing, and the various phases of the problem have been studied by many of us with keen interest. To-day the need for a better organization of the nursing forces on a modern basis in every country is being as plainly demonstrated in South Africa as it was in the late Spanish-American war, although, happily for the sufferers, not to the same painful extent as happened in the case of our own soldiers. But as was only natural, efforts to bring about a better state of affairs at once developed the opposition which is always encountered by work which is healthy and progressive. Fortunately, the opposition comes from the outside and is purely commercial; it does not represent any high aims or definite principles; its leaders are not trained nurses, and the success of their projects would mean the complete subjection of trained nurses. We have, therefore, no common ground upon which any compromise can be effected. When trained nurses have demonstrated their inability to look after their own affairs, then and not till then can they permit themselves to be guided and governed by women whose ruling motive must be a commercial one, as such women cannot appreciate the work to be done or the proper methods for performing it, as can trained nurses themselves.

The growth of our association is steady and encouraging. This year we add five more large schools to our membership, and six small general schools will be admitted into associate membership as soon as certain changes in the constitution, which will be made at this meeting, have rendered the step legal. At this meeting we shall also be called upon to consider the question of enlarging our borders in order to admit, on the same footing as alumnæ associations, local associations, some of whose members have not had the opportunity of being connected with alumnæ (in case such associations do not exist in their schools), but who would bring into a local association the same standard as that required by our alumnæs. Each alumnæ has received due notice of the amendment to come up at this meeting, so no doubt you are all conversant with the pros and cons of the question. It is desired that this point shall be settled before we proceed to the formation of State associations, which the various alumnæs of New York purpose to take steps to do very shortly in their State. This will not be the first time the question of local and State associations has come before us for discussion. A large portion of our First Annual Report is made up of papers and discussions upon the subjects of State and local associations. I would strongly recom-

mend each member of this association to provide herself with a copy of the First Annual Report and read and consider carefully the points brought out at our first meeting; if this is done, I am sure the need for such associations will be better understood. At that same meeting a committee was appointed to report upon the formation of local associations. Last year no written report was submitted by that committee, but I should like to quote from the verbal report made by its chairman (Miss Nutting):

"Not much has been accomplished this year, but there has been a good deal of thinking done. It seems that the time is coming for the forming of local associations, thus uniting those alumnæ associations which are eligible for representation in the national association, and which should include stray graduates of other schools who are in good standing in their own alumnæ associations." It would mean that all the associations and the graduates must be eligible to membership in the national association. I cannot see how local associations could be formed on other lines. But it is evident that that would bar out a great many women who graduated years ago from schools that are not eligible to membership in this association, and yet there is no doubt of the great benefit it would be to these women to work with such local associations. Probably it is those nurses who would be most anxious to attend such meetings and who would derive most benefit from them. I am aware from things that have come to my notice that these should be much more comprehensive than the original idea of the local association. The whole subject is something that has to be considered. No actual work has been done as yet. The question is, how inclusive shall they be? This is just the question which we trust our delegates have come prepared to answer and settle at this meeting. It is not one of my duties to instruct you, but I may at least ask you to remember that our object in associating is to advance the interests of the whole *nursing profession* and not merely those of any one association. After deciding upon the formation of local associations, we trust steps may very soon be taken to formulate State associations, beginning, in all probability, with the State of New York.

As many of us know, the question of registration for trained nurses has been long in our minds, but we were also aware that to advocate legislation for nurses eight or ten years ago would have been to "put the cart before the horse." At that time, no *esprit de corps* existed among the leaders in our schools. Nothing much in the way of systematizing teaching was recognized; certainly there was no uniformity in curriculum and not even an attempt at a general education and ethical standard. Among the nurses there was no professional feeling, not even

among the graduates of the same school; there was simply nothing organized or professional about us. Collectively we could neither qualify as a profession, a calling, or a trade. For to be a member of a profession implies more responsibility, more serious duties, a higher skill, and work demanding a more thorough education than is required in many other vocations in life. But two things more are needful,—organization and legislation. A calling, in its accepted sense, implies more exclusively a consecrated religious life, such as that of sisterhoods with their religious restrictions, which are more numerous and exacting than those demanded of the trained nurse; while, on the other hand, a trade is more largely concerned with manual labor. We were, therefore, a most indefinite quantity. How, then, could we ask for legislation as a profession when we did not exist as such? We had, therefore, to know and understand ourselves, in some measure, before we could possibly determine our rightful status. Modern medicine, in requiring of us the professional attributes, has taken the decision out of our hands, and has made trained nursing a profession; but how soon we shall attain to the full professional level depends upon ourselves entirely. Before all, then, it was necessary to organize, and the rapidity and thoroughness with which you went at and accomplished the first steps were truly amazing, and not the least delightful part to witness has been the splendid, broad-minded, liberal spirit with which you have met each other. This passing tribute of pride and pleasure in your achievements may be permitted to one who has watched unceasingly every step in your growth and who knows whereof she speaks. These important phases in development, though comparatively rapid, have followed each other in their natural sequence; as a result there has been no time lost in retracing steps, but a gradual broadening out has been going on as need arose. Thus organization has developed through the Society of Superintendents standing for educational advancement, to the school alumnæs, representing home as well as professional interests, to the national association, representing the profession, with its larger life and affairs, and where each alumnæ has equal representation. Furthermore, after this meeting we may hope for the rapid development of local associations, where each nurse, in one State and town to-day and in another far away to-morrow, may still have her recognized place and voice in the affairs of her profession; and finally, before we meet again, we look for the formation of at least one State association, the last link in the chain of organization.

But with the completion of the chain the fulness of time brings us face to face with the vital question of registration for nurses, the foundation for which was laid just seven years ago. State registration is certainly the next and most important step towards achieving a fixed

professional standard. According to the Constitution of the United States, an act authorizing registration for the whole profession and country cannot be passed by Congress at Washington, but each State must make its own laws for its own nurses. New York with its local and State associations will become sufficiently representative to ask for legal recognition for trained nurses within its domains. It is only fitting that this State should take the initiative. Its educational institutions are controlled by the University of the State of New York, which will not allow members of any profession to practise in the State until they show proper proofs that they have graduated from some recognized qualified school, and have also passed certain prescribed examinations in the studies taught in these schools. Only to those who satisfy these requirements is a license granted by the regents of the university. If, then, similar requirements had to be met by trained nurses, nursing would at once be established on a distinct educational plane. Again, as New York is the home of the mother of training-schools in this country, it is but fitting that this State should first receive the crowning glory of the work she so bravely undertook. Nor will the other States lag far behind her in this respect if we may judge by the alacrity with which they followed her lead in establishing schools for nurses. 'Only by a complete system of registration will it be possible for trained nursing to attain to its full dignity as a recognized profession and obtain permanent reforms.' As the matter stands at present, the woman who has spent years of hard work and study in acquiring skill and knowledge as a nurse, on undertaking private nursing finds at once that she is classed on a level with all sorts and grades of so-called trained nurses; nor has she any redress. She is expected to work side by side with the uncertified hospital nurse who has been dismissed for cause before the expiration of her term as a student, with the half-trained nurse from the specialty hospitals, with the nurse who has received the kind of instruction that makes her dangerous, with the adventuress and the amateur,—women masquerading as nurses, a matter of uniforms with no knowledge behind them,—with the second-year hospital pupil sent out during the time that should have been devoted to her education to earn money for the institution. Is it to be wondered at that with such a levelling, with the competent confused with the incompetent in the eyes of the public, that the severe and continual criticism should fall upon the just as well as upon the unjust, and that the nursing profession should suffer for the sins and shortcomings of those who should not be ranked as belonging to it. Our sympathies are divided between a long-suffering and much sinned against public and the genuine trained nurse. Such anomalous conditions have gone far towards bringing private duty into bad odor,

and as a result many of our best graduates prefer to remain in hospitals, at a much less income, because there they hold a definite recognized professional status, since in all hospitals worthy of the name the authorities recognize the necessity and importance of having trained nurses in charge of the nursing department, and the staff is made up either of graduates or pupils, no room or place remaining for nondescripts.

But with registration this unfortunate condition of things will be changed; the professional status of the trained nurse will be defined no less sharply than that of the physician or of the lawyer. By these means also the public would be provided with a distinguishing mark whereby they could know whether any given nurse has been properly trained, and is a suitable person to take charge of the sick; whereas in the absence of a public registry or of a physician to make the selection they are left without any guarantee of the efficiency of the various candidates. Again, since the medical profession must always wish to secure for their patients the best care, it will undoubtedly heartily endorse this further effort to increase and improve the efficiency of the nursing service. Lastly, as regards training-schools themselves, the introduction of a legalized registration would naturally stimulate both schools and graduates to reach the required educational standard. Each school would be obliged to give the pupils such thorough instruction in the theory and practice of nursing as would enable them to pass the examination prescribed by law and obtain the certificate which would authorize them to practise as trained nurses. These examinations could be conducted by properly qualified boards, the members of which would be largely drawn from those among the ranks of the trained nurses who have had special experience in such matters; who know what good nursing is, how it should be taught, and what standard is desirable and at the same time attainable.

Of course such a law would not be retroactive and would not affect graduate nurses, who were already in the field, beyond requiring them to present their diplomas and apply for registration.

With this final step in our professional organization accomplished, we are ready to set to work to some purpose to define our ethical code, which belongs to the other side of nursing—the corrective of a too pronounced professional attitude, and which in its fulfilment rounds off our work.

Although we are nearing the completion of the last links of our national organization there are still others to be forged, by which we hope to unite ourselves in professional bonds with those of our own guild in other countries and become identified with woman's work at large all over the world, thus gaining additional breadth and strength for

our own more specialized efforts. Last year, you may remember, we were proffered the privilege of membership in the International Council of Women; this year we have a similar invitation from the International Council of Nurses, which is one of the outcomes of last year's meeting, and which in itself goes to show that American nurses are by no means alone in feeling the need for organization. Indeed, the work that nurses are achieving along these lines in other countries makes interesting and inspiring reading and brings home to each one of us convincingly the importance of personal loyalty, personal interest, and personal work, without which we can never hope to attain the full measure of success. At our first annual meeting Miss Dolliver put the case exactly when she said, "So long as there is one graduate who is not with us we are weak by so much as her mind, character, and influence are valued at." If we do not take care of our own affairs, rest assured that outsiders will undertake the task for us to our everlasting undoing and to the detriment of the public, whose sick we have the privilege of ministering to.

Whether we shall take up or lay aside our professional responsibilities is not a matter of choice, but a question of duty and conscience. Do you think it right that any one of us, who have come to a clear understanding of the seriousness and importance of nursing work, should go her separate way and take her own ease and pleasure while there is even one human life imperilled for the want of good nursing? Can we be still and let things just take their own way so long as the stamp of mediocrity marks a work to which should be given the best and highest that the hands, hearts, and minds of women can bring to it? This is no work that can be taken up lightly or laid aside carelessly by the first-comer, but one that should be intrusted only to women, each one of whom should be ordained a priestess, as it were, before she presumes to enter into the temple to perform her ministries unto sick and suffering humanity.

OUR FLOATING HOSPITALS

By CHARLOTTE MANDEVILLE PERRY

This great charity has been in existence a quarter of a century. It originated in the attempt to rescue sick children from unwholesome, often fatal, surroundings, where during the summer months child-disease runs rampant, and to place them under conditions favorable to recovery.

The attempt first expressed itself in excursion trips, sea-shore homes, and summer outings by the salt water,—the sea-breezes possessing a wonderfully restorative as well as tonic effect. But this only afforded

temporary relief. They were the small beginnings which afterwards resulted in the finely organized corporations of New York City and of Boston,—now composed of influential, wealthy, and kindly-disposed persons. These first ventures appealed strongly to people generally.

St. John's Guild (501 Fifth Avenue) is the "Mother House," so to speak, of the Floating Hospital in New York. In 1874 this Guild, strong in its convictions as to the potential value of such a scheme, made the initial trip down the harbor in a barge hired for the purpose.

The next year, 1875, the ship, afterwards named the Emma Abbott, from its chief donor, inaugurated the Floating Hospital proper, making three trips weekly, later increased to six. This was Floating Hospital No. 1, which position it retained in a unique sense for some time. New York now has two ships, No. 2 being the Helen C. Juilliard, which was launched with impressive ceremonies May 4, 1899, much enthusiasm, courtesy, and co-operation being evinced on all sides. These boats are modelled according to requirements,—fire-proof, minus machinery, of course, which relieves them of noise and motion and contributes space, every inch of which it is necessary to utilize. The decks are divided off into wards, with a proportion of permanent beds, which necessitates a night as well as a day service. The system of arrangement and management is similar to the hospital with its staff of doctors and nurses. The expense for the daily trip is two hundred and fifty dollars.

Limited space will not permit a detailed account. Suffice it to say that children, with their mothers, appear in large numbers daily, are examined for admission, and are sometimes turned away for lack of accommodation as well as for contagious disease,—the only limitations excepting that of age,—no child over six years being eligible. Those who are acquainted with the slums of New York, or of any large city, will be able to see what a life-saving device is this most humane endeavor to snatch, as it were, little suffering ones from hotbeds of disease, filth, and all that smothers life or renders it useless. Mothers also are found to be, through the mother-instinct, both accessible and teachable.

Our own city of Boston was first inspired to lay hold of this effective means of saving life through the Rev. Rufus B. Tobey, whose attention was drawn to child-mortality and the need of checking it through certain lines of work carried on in his own church. He became acquainted with the New York Floating Hospital and saw what a great work they were already accomplishing. It was through his efforts and the hearty response of those whose interest he awakened that in 1894 the first trip was made in our waters. Owing to the early interest which Dr. Hale took in the project, the Boston Floating Hospital became a department of the Lend-a-Hand Society. It was incorporated in 1896.

Since the start progress has taken great strides in all the appointments and management of our Floating Hospital, which has been remodelled and improved as occasion and the increase of the work demanded. One special feature is the introduction of the atmospheric plant, by which the temperature is regulated. A cool day can be manufactured even in the face of a very hot one, and by the reversal of machinery too cool a temperature raised to the desired degree. One cannot but be impressed by the fact of the Floating Hospital being an expensive form of charity. This plant involved a great outlay; but marvellous results testify to its being a most valuable factor in the work. Another large item is the laundry, clothes of all kinds being supplied for the babies,—yet no one will question the good done by demonstrating cleanliness. No stone seems to have been left unturned in rendering the work thorough and permanent. The kindness shown the mothers, it is expected, will reflect upon the children. At a certain time these mothers meet in the dietary department to receive instruction which will help them in their homes. Here twenty different kinds of infant food are prepared, after the prescription of the doctor, including beef-juice and egg albumen preparations, besides various cream-mixtures. The benefits of sterilization are demonstrated and bottles sold at a minimum cost.

It was found expedient to accept infants who were known to be in a moribund condition. Also it became apparent that the work would be curtailed if well children under six, who could not be left alone, were not received, as they would be the cause of depriving their sick little brother or sister of its only chance of life. A kindergarten was introduced, which, though it is somewhat irregular at present, proves very helpful in keeping the well children quiet and happy.

Graduate nurses who feel drawn to this work will be glad to know that the Floating Hospital offers this experience as a post-graduate course. Lectures are given, and diplomas awarded where examinations are successfully passed.

It is to be observed that the Floating Hospital is a high order of service, and it is an absolutely ascertained fact that skilled physicians and nurses are indispensable to the real success of the work. Miss Wilbur, superintendent of nurses, who has a staff of twenty-five at present, has endeavored to secure nurses of good standing.

There are many ways of helping on this grand work,—two suggestions will be mentioned here: The first is to encourage skilled service; and the other, to throw one's influence towards securing an endowment fund. At present the Floating Hospital is immediately dependent on the voluntary contributions of those interested. No one has gained greater success in bringing the work and its needs before the attention

of many than Mrs. Whitman, who is indefatigable in the cause. Boston has been hearty in its response. The amount for endowing a bed or "naming a trip" was given as too small at the outset,—viz., one hundred dollars. In New York it is five hundred, although their daily expenses exceed ours. There, too, the same need exists for establishing the work on a permanent financial basis through an endowment fund, it having been possible last year, as with us, merely to keep out of debt, with little or nothing in the treasury. This year we have been told of the urgent demand for funds to complete the work, showing increased capacity as well as needs.

[NOTE.—Information concerning the Floating Hospital can be had by writing to the following persons: Mrs. M. C. Whitman, Lend-a-Hand Society Office, 1 Beacon Street, and Rev. Rufus B. Tobey, 178 Devonshire Street.]

OBSTETRICAL EMERGENCIES

BY HENRY D. FRY, M.D.
WASHINGTON, D. C.

"THE obstetric nurse is the *oldest* and the *newest* of nurses."

First, she is the oldest because she antedates the history of medicine. People in the early ages succumbed to diseases; submitted to surgical operations, crude though the operations were; yet we have no record of medical or surgical nurses. Not so, however, with the obstetric nurse, or as she was called, the man-wife or midwife. Her labors are recorded in what is acknowledged to be the most ancient complete book in existence,—viz., Genesis. This was written about four thousand years ago. We are informed (chap. xxxv. 16-19) that "Rachel travailed, and she had hard labor. And it came to pass, when she was in hard labor, that the midwife said unto her, Fear not; thou shalt have this son also. And Rachel died."

Here, in the first record of her work, we have the nurse encouraging the parturient woman, but "higher criticism" might point out the unfortunate fact that she lost her first case.

Again, in chapter xxxviii. (27-30), describing Tamar's accouchement, it says, "And it came to pass in the time of her travail, that, behold, twins were in her womb.

"And it came to pass, when she travailed, that the one put out his hand: and the midwife took and bound upon his hand a scarlet thread, saying, This came out first.

"And it came to pass, as he drew back his hand, that, behold, his brother came out: and she said, How hast thou broken forth? this breach be upon thee: therefore his name was called Pharez.

"And afterward came out his brother, that had the scarlet thread upon his hand: and his name was called Zarah."

The birthright belonged to the first born, and consequently it was an important duty of the midwife to designate the heir in cases of twin birth. Her exclamation at the defeat of her scarlet thread infant may have been meant for surprise, reproach, or wonder. In the book of Exodus we have an interesting account of the Hebrew midwives. As it seems there were only two of them to attend to the births of the Hebrew children, we can well imagine they made a record that would put the modern obstetrician to shame so far as numbers go.

"And the king of Egypt spake to the Hebrew midwives, of which the name of the one was Shiphrah, and the name of the other Puah:

"And he said, When ye do the office of a midwife to the Hebrew women, and see them upon the stools, if it be a son, then ye shall kill him; but if it be a daughter, then she shall live.

"But the midwives feared God, and did not as the king of Egypt commanded them, but saved the men children alive.

"And the king of Egypt called for the midwives, and said unto them, Why have ye done this thing, and have saved the men children alive?

"And the midwives said unto Pharaoh, Because the Hebrew women are not as the Egyptian women; for they are lively, and are delivered ere the midwives come in unto them.

"Therefore God dealt well with the midwives: and the people multiplied, and waxed very mighty.

"And it came to pass, because the midwives feared God, that he made them houses."

So much for the records of the antiquity of the midwife.

Second. She is the *newest* of nurses.

A modern obstetric nurse must combine the qualities of a good medical nurse and a good surgical nurse. She must bring to bear the same tact and judgment demanded in a medical nurse; the same painstaking care and observation in the performance of her daily duties; and she must also bring to bear in her obstetric work the knowledge of the surgical nurse,—a clear conviction of the importance of asepticism. In no field do we witness the disastrous work of germ life so much as in this one. Puerperal fever to-day destroys more lives after childbirth than all other causes combined.

The responsibilities of the obstetric nurse are great because she has

the care of the two lives,—the mother and the new-born babe: she must be competent and self-reliant to meet the emergencies that often arise. She is frequently the subject of unjust criticism. If the young mother should recover her health with a figure too portly to suit her fancy, it will be because the nurse did not bandage her properly. If her breast should become inflamed or suppurate, it will be due to something the nurse did or did not do. If the baby has sore eyes, it will be caused by the nurse having exposed them to too bright a light. Ulceration at the navel, and umbilical or inguinal hernia, will also be attributed to some sin of omission or commission.

The duties of the obstetric nurse should begin during the pregnancy of the patient. The young wife, pregnant for the first time and separated from her home and parents, may have no one to look to for advice except her nurse. The hygienic care of the pregnant woman is an important subject. The nurse should be competent to advise her regarding exercise, the ventilation of her rooms, bathing, clothing, rest, sleep, diet, the attention to the bowels and the breasts. The importance of systematic examinations of the urine must be emphasized, and if the patient has neglected this, she must be informed of its necessity. Then the obstetric nurse should superintend the preparations for the confinement. She should see that everything needed for mother and baby are procured beforehand. When summoned to a case of labor she should respond promptly, and having satisfied herself that labor has actually begun, she must prepare her patient, the room, bed, and herself. She must get everything in readiness,—basins, solutions, towels, hot and cold boiled water, douche-pan, sterilized pads, vessels, etc.

When must she send for the doctor? That is an important question for the doctor, and one that often demonstrates to him a good from a poor nurse. Many useless hours of unrest and loss of sleep fall to his lot because a nervous nurse sends for him in the middle of the night to see a primapara who will not need his services for twelve or fifteen hours. Good judgment on the part of the nurse, a cool head, and reassuring manners will prevent these unnecessary calls. The up-to-date obstetrician is supposed to have obtained beforehand such necessary information about his patient as the position of the infant, the measurements of the mother's pelvic diameters, etc. If these be correct, he can usually do nothing until the dilatation has progressed to some extent. The first stage of labor is generally slow, and the pains accomplish little during the early hours in women who are going through the first confinement. It is different, however, in subsequent labors, and the nurse cannot safely delay sending for the physician in these cases. She must be guided by these points: whether it is a primipara

or a multipara; the character and frequency of the pains; whether or not the membranes have ruptured. The difference of rapidity in first and subsequent labors has been mentioned and is familiar. The character of the pains in the first stage is marked from those of the second, as well as the difference in frequency and strength. The escape of the waters, unless premature, is followed by expulsive pains, and in a multipara greatly accelerates the progress of labor. Nothing is said about digital examinations as a means of ascertaining the progress of labor because they are discouraged. A safe rule is that the nurse must never make these examinations. With the greatest care there is always danger of septic infection, and the danger is twice as great if two people make examinations.

For want of space I must omit mentioning the duties of the obstetric nurse during labor and the puerperium, and pass on to the subject of "obstetric emergencies."

These will be divided into emergencies occurring before, during, and after labor. Immediately there comes to my mind two emergencies occupying the foreground,—convulsions and hemorrhages. They are important because nothing brings so much consternation to the household, and nothing so demands in a nurse coolness, prompt action, and a clear idea of what is to be done.

Convulsions occurring under these circumstances are generally due to toxæmia, and may or may not be preceded by threatening symptoms.

The immediate treatment to control the paroxysms until the arrival of the doctor is the same whether they take place before, during, or after labor.

Let it be remembered, in the first place, that it is not wise to attempt to restrain the convulsive movements of the patient by using physical force. It only aggravates the severity of the attack. Efforts are justified only to the extent necessary to prevent the patient from throwing herself off the bed or otherwise injuring herself. She should be prevented from lacerating her tongue by placing a compress of some soft material, as gauze or a towel, between the teeth.

Chloroform and morphia are the best drugs to control the attacks. As soon as the convulsion is passing off and respiration re-established, administer chloroform carefully by holding a handkerchief over the mouth and nose. Pour on a little chloroform at intervals and allow some air to be inhaled with it. Give a hypodermic injection of one-fourth of a grain of morphia, and repeat after each convulsion for two or three injections. As soon as the effect of the drug is manifested by cessation of convulsions, the administration of the chloroform should be discontinued.

Chloral in twenty- or thirty-grain doses by rectal injection is also an excellent remedy.

Having checked the convulsions, it is well while waiting for the physician's arrival to promote sweating by the hot pack or vapor-bath.

(To be concluded.)

THE NURSE AND THE PSYCHIC FACTOR

By DELIA KNIGHT

A very interesting article on "Psychic Factor in Disease" appeared in the Boston *Medical and Surgical Journal,* August 16, 1900.

The author states seven propositions, amplifying and making illustrations of each from cases in private practice. I am unable to give you a pen-picture of the article as a whole, but will state the seven propositions, and invite the attention of nurses especially to the seventh.

(1.) That some cases of illness are simply neuroses without appreciable pathological lesions.

(2.) That causes capable of producing such neuroses may act while disease is present and should be guarded against.

(3.) Purely psychic causes, as shock, grief, and the like, may pave the way for, if not directly cause, profound pathological disturbance.

(4.) Attention to the psychic is capable under some conditions of so turning the scale to health that it may arrest, even perhaps cure, otherwise fatal pathological conditions.

(5.) Attention to the psychic should be considered a routine measure in the treatment of delirium from toxic causes, as alcohol, belladonna, ether, and the like.

(6.) Attention to the psychic should also be considered a routine measure in the treatment and in the prevention of delirium in febrile states, as of typhoid.

(7.) Nurses should be able to enter into psychic relations with their patients; otherwise the value of their services is much lessened and they may be harmful.

We believe there is a natural law which, if understood and rightly used, greatly increases any person's ability to influence his fellow-men. What this article terms the psychic factor is a necessary attribute of all leaders of men where great good is accomplished. Everyone is familiar with the great victories won by the personal influence of William, Prince of Orange, who was murdered July, 1584, and of whom Motley says,

"Habit, necessity, and the natural gifts of the man had combined to invest him at last with an authority which seemed more than human."

Few people not in the profession realize that a successful private nurse must be a general, ever keen to detect the strongholds of the enemy, and by her natural or improved gifts make them strongholds of friends.

No member of a family is absolutely independent. A nurse who undertook the care of a child failed because she gained the ill-will of the nursery-maid. This maid was the child's hero and leader.

The author says "Nurses should be able to enter into psychic relations with their patients." The nurse must do more than that if she succeed. She must gain the confidence of members of the household who exert a positive influence over the patient.

I have in mind a case in which I believe the nurse was of really great assistance in inducing a patient to live after the consulting doctor had stated to the family that there was no hope. She kept up the courage of the daughter, and used the daughter's influence over her father to make him believe he was getting better. The family physician in that case was a tower of strength to the nurse, and made it possible for her to influence the minds of patient and daughter.

Do physicians in their daily calls see what wonderful powers they possess of helping or harming a nurse's work? Most sick people are such clever observers. Often just a word from the visiting physician helps on or retards the progress of recovery, because it leads them to believe in or to distrust the nurse.

"Do we give this factor enough attention? Are our nurses sufficiently trained in it? No amount of training can qualify the unfit. But training can greatly improve the fit."

How can nurses be trained in this personal influence? Could there be successful psychic-factor class-work with nurses in training?

It seems to me that the only successful training must come from the study of men and women. One gains a liberal education by a few failures. A timely personal suggestion may help. But is there no limit to the responsibility of the training-school? We again quote:

"It is a question whether the average graduate of a small hospital is likely to be better than the average from a large one. Few nurses can rise above the tendency to routinism engendered in the large hospital. So that even if they escape the bane of overwork it is difficult to have acquired all the little delicacies and refinements of nursing which add so much in private practice."

There are many superior small hospitals where daintiness in serving is taught. But not every small hospital has even that virtue to com-

mend it. The variety of cases is of necessity limited in small hospitals, and many graduates of small hospitals make shocking errors in treatment of cases, because constantly called upon to nurse cases not before studied. A small-hospital graduate was sent to an inflammatory rheumatism case, whose hand she pressed so vigorously that the patient did not recover from the first impression for several hours. A woman is obliged to live in this world at least twenty-three years before she can enter the training-school. If during those probationary years she was in the habit of being daintily served, and if habits of personal cleanliness were inculcated or inherited, I firmly believe that she would in the end be a better nurse for the more liberal experiences of a large hospital. If neither daintiness nor cleanliness were a part of her life before the training days, I doubt if even a small hospital could make her acceptable to the public unless it instituted a kindergarten training-school and placed her there at the age of seven.

One criticism passed on large-hospital graduates, "the tendency to routinism," is of special interest to the graduates themselves, because they are accustomed to look at it as one of the strongly beneficial parts of the training. Many of them come to the school without system or sense of time, unable to plan and carry out plans on time. They receive a severe military drill, from which they themselves feel they have derived great benefit. The article comments favorably upon the efforts of one nurse. The many unfavorable criticisms are mainly of the class we have been familiar with in lecture and the printed page since entering the training-school,—unclean hands, dress redolent with bad odors, lack of daintiness in serving, careless personal habits, uninteresting stories, delight in telling experiences on other cases. These criticisms might all be classed under the heading, lack of good breeding. No woman whose ideals were those of truth and beauty would offend in the ways mentioned.

Should the school be held responsible? No. I know of no more aspiring, energetic, untiring workers than superintendents of training-schools. They have organized to disarm criticism by bringing about better results. But they are human, and so far have failed to do the impossible. So far the exact measurements of qualities and attributes to make a successful nurse have not been found. It cannot be based on education, as some uneducated women make most acceptable nurses. A very unpromising applicant often develops most marvellous ability at the end of the second or third year. Some of the nurses who are most successful and popular after graduation had as hard a struggle to be thought worthy of a diploma as did our hero Grant while he was at West Point.

It is not given to any one person to know everything. One of the unknown things is where to draw the line so as never to admit into a training-school a person who will in some way offend, and never refuse one who might be helpful as a graduate nurse.

If a graduate of a theological seminary writes good sermons but fails to please from lack of tact, bad table manners, or boresome stories, the world blames the man, not the school.

THE INTERNATIONAL COUNCIL OF NURSES

By LAVINIA L. DOCK

The International Council of Nurses is one of the many waves of progress set in motion by the impetus of the enthusiasm and mental ardor generated by the great gathering of women from all parts of the world known as the "International Congress of Women," which met in London in June, 1899.

While the congress was preparing, the Matrons' Council of Great Britain and Ireland passed a resolution and forwarded it to the international secretary, urging that trained nursing for the sick should form one of the subjects for discussion at the congress. Later, at an International Council committee meeting, Mrs. Bedford Fenwick proposed that nursing should form a department of the Professional Section, and this was agreed to. She was further made convener and chairman of this section, with Miss Isla Stewart, Miss Louisa Stevenson, and Miss M. Huxley on the committee to help look after nursing interests.

American and Canadian nurses visiting London at the time of the congress were invited to the banquet given by the Matrons' Council in honor of Mrs. May Wright Sewall and the foreign members. Here the project of international organization was talked of, Mrs. Sewall being, naturally, deeply interested in having women of all occupations take up the council idea of universal friendliness of relation. The next day at the annual meeting of the Matrons' Council, at which several American nurses were present, Mrs. Bedford Fenwick moved and Miss Isla Stewart seconded the following resolution:

"That steps be taken to organize an International Council of Nurses by calling upon the officers and honorary members of the Matrons' Council to form a Provisional Committee, with power to add to their number, to consider the best method of organization."

Mrs. Sewall, who was present, spoke warmly in encouragement and support. After the congress, at a meeting called by Miss Isla Stewart,

the matter was still further talked over and arrangements made for drafting a constitution. Later in the summer this important piece of work was accomplished, and the draft constitution was forwarded to the Provisional Committee members by mail, commented upon and criticised by them, and returned.

Nominations and elections of officers were made in the same way, entailing a great deal of work upon the London members and on Miss Breay, the provisional secretary.

In July, 1900, the Provisional Committee met again in London, and the constitution was adopted and election of officers announced.

The treasurer and secretary were requested to form a committee on organizing a congress of nurses to meet in Buffalo in September, 1901, at the invitation of the Buffalo Nurses' Association, to celebrate the new century.

CONSTITUTION ADOPTED JULY, 1900

PREAMBLE.

We, nurses of all nations, sincerely believing that the best good of our profession will be advanced by greater unity of thought, sympathy, and purpose, do hereby band ourselves in a confederation of workers to further the efficient care of the sick, and to secure the honor and the interests of the nursing profession.

That we may more successfully prosecute this work we adopt the following constitution:

Article I.

1. The Federation shall be called the International Council of Nurses.

Objects of the International Council of Nurses.

(*a*) To provide a means of communication between the nurses of all nations, and to afford facilities for the interchange of international hospitality.

(*b*) To provide opportunities for nurses to meet together from all parts of the world, to confer upon questions relating to the welfare of their patients and their profession.

Article II.

HONORARY OFFICERS.

The honorary officers shall be trained nurses, and the elected honorary officers shall be *ex-officio* members of all committees.

1. A president.

2. Honorary presidents: A president of the International Council, having held the office for a full term, shall be made, upon retiring, honorary president of the council, with a vote on the Executive Committee and Grand Council for life.

3. Vice-presidents: The presidents for the time being of national councils of nurses affiliated to the International Council shall hold the position of vice-presidents.

4. Honorary vice-presidents: In all countries where a national council of nurses is not already organized or federated with the International Council, some representative nurse shall be elected by the Executive Committee to represent her country as honorary vice-president of that country in the International

Council until such time as a national council shall be fully organized and eligible for membership in the International Council.

5. Councillors: The councillors shall be the foundation members of the International Council of Nurses.

6. An honorary treasurer.

7. An honorary secretary.

Article III.

MEMBERS.

Any national council of nurses formed of representative societies and institutions of nurses, provided that their constitution be in harmony with the basis of the constitution of the International Council, may become a member of the International Council, with the approval of the executive, and by the payment of one pound per year for each of the four representatives deputed to act as delegates on the Grand Council of the International Council of Nurses.

Article IV.

THE EXECUTIVE COMMITTEE.

The Executive Committee shall be composed of the elected honorary officers, the vice-presidents, and honorary presidents.

Article V.

THE GRAND COUNCIL.

1. The Grand Council shall be composed of four delegates from each national council of nurses and the honorary officers, as defined in Article II.

Article VI.

MEETINGS OF THE INTERNATIONAL COUNCIL OF NURSES.

The International Council of Nurses shall hold quinquennial meetings, at which the president, honorary treasurer, and honorary secretary for the ensuing quinquennial period shall be appointed. Five shall form a quorum.

At the Grand Council, the honorary officers and the officially appointed delegates who compose the council will alone have power to vote on the business brought before it.

All business to be brought before the council must first be submitted to the Executive Committee as a notice of motion.

Article VII.

PUBLIC CONGRESS.

At any public congress on nursing convened by the International Council of Nurses, those eligible to vote must be trained nurses who are members of societies affiliated to the International Council of Nurses.

Article VIII.

FEES.

The annual dues shall be one pound a year per delegate for every society which is affiliated to the International Council of Nurses which has the privilege of representation on the International Council.

Article IX.

COMMITTEE OF ARRANGEMENTS.

The Executive Committee shall carry out all the arrangements for the quinquennial business meeting, but may depute to a special committee of arrangements in the country where a congress is going to be held the details of its organization.

Article X.

ALTERATION OF THE CONSTITUTION.

This constitution may be altered or amended by a majority vote of the council at any quinquennial meeting, printed notice thereof having been sent to each member of the council at least three months prior to such meeting.

COUNCILLORS

President.

Mrs. Bedford Fenwick, founder of the International Council of Nurses, late matron and superintendent of nursing, St. Bartholomew's Hospital, London.

Honorary Secretary.

Miss L. L. Dock, late superintendent of Illinois Training-School for Nurses, Chicago, secretary of the American Society of Superintendents of Training-Schools for Nurses.

Honorary Treasurer.

Miss M. Agnes Snively, lady superintendent General Hospital, Toronto.

Great Britain.

Miss Isla Stewart, matron and superintendent of nursing, St. Bartholomew's Hospital, London; president Matrons' Council, Great Britain and Ireland.

Miss M. Breay, late matron of the Metropolitan Hospital, London, and of the English Hospital, Zanzibar; honorary secretary of the Matrons' Council of Great Britain and Ireland.

Miss C. M. Beachcroft, late matron County Hospital, London.

Miss Cureton, lady superintendent Addenbrooke's Hospital, Cambridge.

Miss G. Knight, lady superintendent General Hospital, Nottingham.

Miss M. Mollett, matron Royal South Hants Infirmary, Southampton.

Miss M. Huxley, lady superintendent Sir Patrick Dun's Hospital, Dublin.

Miss L. Bradshaw, lady superintendent Donnybrook Hospital, Dublin.

United States of America.

Miss A. Nutting, superintendent of nurses and principal of Training-School for Nurses, Johns Hopkins Hospital, Baltimore.

Miss Brennan, superintendent of Nurse Training-School, Bellevue Hospital, New York.

Mrs. Quintard, superintendent of Nurse Training-School, General Hospital, Puerto Principe, Cuba.

Miss Lucy Walker, superintendent of Nurse Training-School, Pennsylvania Hospital, Philadelphia.

Miss Hanna Kindbom, superintendent of Nurse Training-School, John Sealy Hospital, Galveston, and professor of nursing in the University of Texas.

Miss I. Merritt, superintendent of Nurse Training-School, The City Hospital, Brooklyn.

THE DOMINION OF CANADA.

Miss Murray, lady superintendent Royal Victoria Hospital, Montreal.

AUSTRALIA.

Miss S. B. McGahey, lady superintendent Prince Alfred Hospital, Sydney.

Miss M. D. Farquharson, lady superintendent Melbourne Hospital, Melbourne.

NEW ZEALAND.

Mrs. Grace Neill, assistant inspector of hospitals, New Zealand.

DENMARK.

Frue Charlotte Norrie, corresponding secretary of the Danish National Council of Women, formerly engaged in nursing work in Denmark.

"OPPORTUNITY"

BY JOHN J. INGALLS

MASTER of human destinies am I;
Fame, love, and fortune on my footsteps wait,
Cities and fields I walk; I penetrate
Deserts and seas remote, and, passing by
Hovel and mart and palace, soon or late
I knock unbidden once at every gate.

If sleeping, wake; if feasting, rise before
I turn away. It is the hour of fate,
And they who follow me reach every state
Mortals desire, and conquer every foe
Save death; but those who doubt or hesitate,
Condemned to failure, penury, and woe,
Seek me in vain and uselessly implore.
I answer not, and I return no more.

PRACTICAL POINTS ON PRIVATE NURSING

IN CHARGE OF

ISABEL McISAAC

CONVENIENT DIET-LISTS FOR PRIVATE DUTY NURSES

THE introduction of dietetics as a part of the pupil nurse's class work was a long stride in the right direction; but—there is always a but or an if—the step was not long enough, and many nurses find themselves under varying circumstances puzzling over the classification of foods, and wishing for convenient lists which would save a tired, hurried nurse from trying to conjure up what she used to know about the chemistry of foods.

If the diet lessons extended over the full course of training, or the pupil nurse took a long course in a regular cooking-school, the difficulty might be altogether overcome, but at present this is not practicable in most schools, and many a nurse is worried and harassed, not by not knowing how to cook, but by not knowing what to cook.

This question was one of interest to a nurse who spent much time and many inquiries trying to find something which would be at once practical, definite, and valuable.

Long lists of medical books were gone over, doctors invoked for suggestions, clerks in medical book-stores consulted, all without a glimmer of an idea, until upon a lucky day, aimlessly looking over a table full of medical books while waiting for a package, a thin, brown volume, closely resembling an exaggerated bank check-book, bearing the title "Diet-Lists and Sick-Room Dietary. *Thomas,*" was found. Inside, the book was called "A Book of Detachable Diet-Lists for Albuminuria, Anæmia and Debility, Constipation, Diabetes, Diarrhœa, Dyspepsia, Fevers, Gout or Uric Acid Diathesis, Obesity, Tuberculosis, and a Sick-Room Dietary, compiled by Jerome B. Thomas, A.B., M.D." These lists, which Dr. Thomas "offers to the medical profession as a practical aid to the better practice of therapeutics," are equally practical and valuable to nurses. They come in groups, with a key, that the doctor may tear out the one suited to a particular case and leave it with the family or nurse. The book in its present shape is not convenient for nurses, and the per-

mission of the publisher, W. B. Saunders, of Philadelphia, was kindly given to print the lists in this form for the use of nurses.

The Sick-Room Dietary is partly omitted.

ALBUMINURIA

General Rules.

Take readily-assimilable foods that leave a small amount of nitrogenous waste-matters to be eliminated by the kidneys. Danger in overfeeding.

May take:

Soups.—Arrowroot soup with onions, milk soups with rice, tapioca, or vermicelli.

Fish.—Fresh white fish, raw oysters, clams.

Meats (very little).—Very little red meats, mostly the white kinds; chicken, game, fresh pork, bacon, calf's head, ham.

Eggs.—

Farinaceous.—Wheaten bread, hominy, rice, toast, oatmeal, gruels, arrowroot, tapioca pudding, sago.

Vegetables (in plenty, well cooked).—The green sorts generally; spinach, summer or green cabbage, turnip tops, mushrooms, celery, salads, rhubarb, cresses, lettuce, onions.

Dessert.—Milk and rice puddings, stewed fruits, raw fruits (especially laxative), fruit jelly.

Beverages.—Weak tea, peptonized milk, plenty of pure water, milk, koumiss, barley-water, hot water an hour before meals, buttermilk, Bordeaux, and seltzer. *Mineral Waters*—Bethesda, Clysmic, Berkeley, Gettysburg, Poland, Highland Spring, Vittel, Wildungen, Vals, Bath.

Stimulants.—

Must avoid:

Soups, fried fish, cooked oysters, beef, mutton, lamb, corned beef, veal, turkey, hashes, stews, made dishes, sauces, spices, potatoes, peas, beans, lentils, pies, pastry, cheese, new bread, cakes, ices, sweets, coffee, tobacco, malt liquors, spirituous liquors.

ANÆMIA AND DEBILITY

General Rules.

Generous, nutritious diet is important. Readily-digested food should be given often and in small quantities.

May take:

Soups.—Broths, all kinds. May add macaroni or vermicelli. Thick soups.

Fish.—All fresh fish, raw oysters.

Meats.—Chopped or scraped, raw or rare, mixed with broths, chocolate, or Burgundy and water, or made into sandwiches. Ham, broiled bacon, beef-juice, mutton, chicken, game, cod-liver oil as food, butter plentifully, Mosquera's beef-meal.

Eggs.—Soft-boiled, poached, scrambled, raw beaten up with sherry or with whiskey.

Farinaceous (*give in plenty unless indigestion*).—Bread, cakes, tapioca, sago, groats, barley, hominy, cracked wheat, graham grits, rolled oats, rolled rye, corn meal, malt extracts.

Vegetables.—Most kinds, well boiled or as purées.

Dessert.—Sweet fruits, custards, calf's-foot jelly, fruit jam, jellies, baked apples, baked pears, prunes, marmalade, egg-and-milk pudding.

Beverages.—Carbonic water, ozonized water, milk, cream, chocolate, cocoa, peptonized milk, malted milk, koumiss, kefyr. *Mineral Waters*—Poland, Highland Spring, Oak Orchard, Richfield, Sharon, White Sulphur, Saratoga, Homburg, Kissingen, Royat, Bath, Vichy, Apollinaris.

Stimulants.—

MUST AVOID:

Pork, veal, greasy hashes, salt meat, except ham; made dishes, thin soups, cabbage, cucumbers, turnips, carrots, squash, pickles, spices, pies, pastry, pineapple, bananas.

CONSTIPATION

GENERAL RULES.

Use foods that leave a bulky residue to stimulate the muscular coat of the intestines.

MAY TAKE:

Soups.—Broths, oyster soup, sorrel soup.

Fish.—All kinds boiled. White sorts broiled. Sardines in oil.

Meats.—Most kinds, poultry, game, etc.

Farinaceous.—Brown or graham bread, gingerbread, oatmeal porridge, bran bread, bran pudding, wholemeal bread, corn bread.

Vegetables.—Most fresh varieties, well boiled. Spinach, boiled onions, brussels sprouts, cauliflower, salads with oil, lettuce, asparagus, tomatoes, salsify, celery.

Dessert.—Figs, prunes, tamarinds, baked apples, oranges (on rising), melons, grapes, raisins, stewed fruits, honey or treacle.

Beverages.—Glass of water, preferably hot, drunk on rising (add salt to taste). Pure water in plenty, black coffee, cocoa, lemonade, beer, ale. *Mineral Waters*—Richfield Springs, Crab Orchard, Bedford, Sara-

toga, Hunyadi, Carlsbad, Rubinat, Friedrichshall, Kissingen, Villacabras, Puellna.

Stimulants.—

MUST AVOID:

Pork, veal, goose, liver, hard-boiled eggs, salt meats, salt fish, peas, beans, nuts, pineapples, new bread, pastry, pickles, cheese, spirituous liquors, milk.

DIABETES

GENERAL RULES.

Reduce to a minimum all starches and sugars. Increase animal diet and fats. Avoid eating any starchy or sugary condiments to foods. Drink water freely to eliminate sugar. Substitute saccharin for sugar.

MAY TAKE:

Soups.—Consommé of beef, veal, chicken, turtle, terrapin, oyster, and clam without flour. Chowder without potatoes; mock turtle, mullagatawny, tomato, gumbo fillet.

Fish.—All kinds; lobster, oysters, clams, terrapin, shrimp, crawfish, soft-shell crabs. No sauces containing flour.

Meats.—Preferably fat. Cooked in any way except with flour. Poultry, calf's head, kidneys, sweetbread, ham, tongue, sausage, hash (without potatoes), pig's feet, tripe, eggs, all kinds of game (not breaded).

Relishes.—Pickles, radishes, sardines, anchovies, celery, olives.

Farinaceous.—Gluten bread, gluten gems, gluten porridge, fried gluten mush, gluten wafers, gluten griddle-cakes, almond bread and cakes, charred bread, bran cakes, soya bread. May substitute potatoes for bread. Substitute gluten for flour in soups and gravies.

Vegetables.—Truffles, lettuce, romaine, chickory, cucumbers, spinach, sorrel, beef-tops, cauliflower, cabbage, brussels sprouts, dandelions, tomatoes, oyster plant, onions, string beans, watercresses, asparagus, artichoke, parsley, mushrooms; all kinds of herbs; sauerkraut.

Dessert.—Almonds, hazelnuts, walnuts, cocoanuts, acid fruits, lemons, currants, cream custards, cheese, jellies, and ice-cream sweetened with saccharin or glycerin. In cooking acid fruits neutralize acidity with bicarbonate of soda or potash.

Beverages.—Tea and coffee without cream or sugar, buttermilk, koumiss, skim-milk, plain soda, red wine, dry sherry, Bass' ale or bitter beer, claret, Burgundy. All in moderation. *Mineral Waters*—Alkaline and alkaline calcic, Saratoga, Waukesha, Bethesda, Poland, Highland

Spring, Londonderry Lithia, Buffalo Lithia, Hudor Lithia, Aquzon, Vichy, Apollinaris, Carlsbad, Ems, Marienbad.

Stimulants.—

MUST AVOID:

Liver, wheat bread, corn flour, rice, sago, arrowroot, barley, oatmeal, tapioca, macaroni, puddings, beet-root, sweet vegetables, potatoes, carrots, peas, beans, parsnips, turnips, all sweet fruits, apples, pears, plums, grapes, oranges, apricots, peaches, gooseberries, dates, watermelon, sweet wines, cordials, porter, lager beer, cider, mustard, honey, sweets, ices, jams, treacle.

RECEIPTS FOR USE OF GLUTEN FLOUR.

Gluten Bread.—Less yeast is required than with starch flour, and less time in the raising process; very sour or old yeast should never be used. Take one quart of sweet milk or milk and water, one heaping teaspoonful of good butter, one-half cake of any fresh dry hop yeast, or one-fifth of a two-cent cake of compressed yeast, beaten up with a little water, and two eggs, well beaten. Stir in gluten till a soft dough is formed—about the consistency of a baking-powder biscuit. Put in pans to raise, and when light bake in a hot oven.

Gluten Griddle-Cakes.—For two persons beat up nicely one egg, add a pint of water, a little salt, and stir in gluten to make a batter, much thicker than wheat flour griddle-cake batter is usually made. Previous to adding the gluten, mix with it thoroughly a slightly heaped tablespoonful of baking-powder. Stir in two or three ounces of good butter.

Gluten Gems.—Put the batter prepared as above into very hot, well-buttered gem-pans, and bake without burning in quick oven. It takes somewhat longer to bake these than other gems.

Two, Two, Two Gems.—Stir two cups of gluten, two eggs, and a trifle of salt into two large cups of sweet milk or cream. Beat all well together, pour into very hot gem-pans, and bake in quick oven.

Gluten Porridge is made by stirring the gluten into boiling water until thick enough, and then keeping up the boiling process for fifteen minutes. A little salt and butter are added at the close to improve the flavor, and it may be eaten with milk or cream.

Gluten Cream Wafers.—Stir gluten (crude or purified) into sweet cream until the dough is thick enough to roll out to the thickness of pasteboard. A little salt may be added if desired. Cut in any form and bake to a delicate brown.

For Soups and Gravies.—Gluten is better than flour. It is frequently delicately browned for these purposes.

Biscuit of Bran Flour.—To one-quarter of a pound of flour add three or four fresh eggs, one and a half ounces of butter, and half a pint

of milk; mix the eggs with a little of the milk, and warm the butter with the other portion; then stir the whole together well; add a little nutmeg or ginger or other agreeable flavoring, and bake in small forms or patterns. The cake, when baked, should be about the thickness of an ordinary captain's biscuit. The pans must be well buttered. Bake in rather a quick oven for half an hour. These cakes or biscuits may be eaten with meat or cheese for breakfast, dinner, or supper; at tea they require rather a free allowance of butter, or they may be eaten with curd or any soft cheese.

DIARRHŒA

General Rules.

Avoid foods that ferment easily and those that leave an undigested residue behind, thus causing intestinal irritation. Take food in small quantities and at regular intervals.

May take:

Soups.—Milk soup.

Meats.—Scraped beef or mutton, pounded raw meat, sweetbread, beef-juice, liquid peptonoids, Mosquera's beef-meal.

Eggs.—Raw white of egg with water, lightly boiled, poached.

Farinaceous.—Crackers, toast, macaroni, rice boiled with milk, arrowroot, tapioca, sago, gruel boiled for two or three hours, flour-ball boiled for two or three hours with milk. May add brandy or port wine to arrowroot or gruel.

Dessert.—Milk foods, milk, egg pudding not sweet, hasty pudding with flour and milk.

Beverages.—Sterilized or pasteurized milk, skim-milk, milk with lime-water, peptonized milk, strong tea, lactic-acid water, toast-water, rice-water, koumiss, egg lemonade. *Mineral Waters*—Alleghany Springs, Berkeley Springs, Bethesda Springs, Gettysburg Springs, Vittel, Wildungen, Bristol.

Stimulants.—

Must avoid:

Vegetables, soups, new bread, brown and graham bread, oatmeal, fruits cooked or raw, fried foods, fish, sugary foods, made dishes, nuts, salt meats, veal, pork.

DYSPEPSIA

General Rules.

Small meals taken at regular intervals. Punctuality is of great importance. Masticate thoroughly; eat slowly and temperately.

MAY TAKE:

Soups.—Small quantity. Clear soups of beef, mutton, oyster. A little vermicelli or tapioca may be boiled with these. Cream pea soup, pea and tomato soup, hominy and bean soup.

Fish.—Oysters and little-neck clams in any form except fried. Weak fish, white fish, shad, cod, perch, trout, bass, smelt, fresh mackerel.

Meats.—Meat-juice, roast or broiled beef, mutton, chicken, tripe, calf's head, venison, tongue, sweetbread.

Eggs.—Raw, soft-boiled, poached, omelette, combined with chicken or oysters; eat dry toast or stale bread with eggs.

Farinaceous.—Bread at least one day old; brown bread, toast, rye, gluten, and graham bread, zwieback, crackers, cream crackers, cracked wheat, rice, sago, tapioca, macaroni, arrowroot, corn meal, hominy, wheaten grits, graham grits, vermicelli, rolled rye, rolled oats, rice cakes, browned rice, baked flour.

Vegetables (*best made into purée by passing through a colander or mashing*).—Greens, spinach, lettuce, water-cresses, French beans, sweet corn, green peas, asparagus, celery, artichokes, baked tomatoes, potatoes (but little).

Dessert.—Fruit, rice, tapioca, Indian, and farina puddings, custards (rice, snow, rennet, sponge cake, floating island), orange charlotte, gelatin creams, blanc mange, baked and stewed apples and pears, grapes, and all ripe fruits except bananas and pineapples. No rich sauces.

Beverages (*drinks should mostly be taken near the end of meals*).—Hot water before meals, milk, lime-water, Vichy, weak tea (one-half ounce to the pint), koumiss, weak cocoa, peptonized cocoa and milk, buttermilk, acid wine, if acidity. Black coffee and lemon-juice on first rising. *Mineral Waters*—Carbonic water, Congress, Hathorne, Ballston, Kissingen, Apollinaris, Poland, Highland Spring.

Stimulants.—

MUST AVOID:

Rich soups and chowders, all fried foods, veal, pork, liver, kidney, hashes, stews, pickled and corned meats, preserved and potted meats, turkey, goose, duck, sausage, salmon, salt mackerel, bluefish, sturgeon, eels, shrimps, sardines, lobster, crabs, cabbage, cauliflower, cucumbers, string beans, parsnips, egg plant, turnips, carrots, squash, oyster plant, sweet potatoes, beets, pastry, pies, made dishes, nuts, dates, jams, dried and candied fruits, candies, cheese, strong tea, ice-water, malt liquors, sweet and effervescent wines, spirituous liquors.

FEVERS

General Rules.

Mostly liquids in small quantities and often; partially digested food; never give anything that cannot pass through the fine mesh of a sieve; give more in the morning than in the evening. Loss of appetite should be respected in the acute stage. Utilize periods of remission.

May take:

Soups.—Raw-meat juice, clam broth, chicken broth, vegetable broths, mutton broth, broth with egg, broth of gelatin, beef-tea, clear soups, fruit soup.

Eggs.—Beaten up with water or stimulants.

Foods.—Peptonized milk, malted milk, Mellin's food, Nestle's food, liquid peptonoids, flour-ball with milk, milk toast, arrowroot, Indian meal gruel, oatmeal gruel, ground rice, Mosquera's beef-meal, pounded raw meat, oysters; in convalescence meat and calf's-foot jellies.

Beverages.—Skim-milk alone (one and one-half quarts to two and one-half quarts in twenty-four hours), buttermilk, whey, koumiss, barley-water, rice-water, toast-water, jelly-water, gum-arabic water, plain soda, lemonade, fruit juices, egg lemonade, eggnog, cocoa. *Mineral Waters*—Carbonic water, ozonized water, Vichy, Apollinaris, Seltzer, Poland, Highland Spring.

Stimulants.—

Must avoid:

All solid foods until the temperature has remained normal for days.

GOUT OR URIC ACID DIATHESIS

General Rules.

Diet liberal, but not stimulating; moderation in animal foods; guard against foods having a tendency to produce acid in the system, such as starches, sugars, fats, and fermented liquors.

May take:

Soups.—Clear soups, vegetable soups, weak beef-tea, broths.

Fish.—Fresh fish, raw oysters.

Meats (*to be taken once a day only, white kinds mostly*).—Mutton, chicken, ham, bacon, underdone roasts, sweetbread, pigeon, brains, pigs' feet, venison.

Eggs (*in moderation*).—Whites of eggs, raw, stirred in drinks.

Farinaceous (*small quantities*).—Toast, stale bread, bread from

whole wheat, rye bread, milk toast, rice, zwieback, graham gems, graham flakes, rye gems, soup sticks, crackers, hominy.

Vegetables (*fresh green varieties*).—Celery, lettuce, watercress, cucumbers, onions, cabbage, salads, a little baked potato, young peas, string beans, spinach.

Dessert.—Oranges, lemons, cranberries, apples, apricots, pears, peaches, cherries, jellies, blanc mange, honey, ices (not after meals), stewed or roasted fruit.

Beverages.—Water plentifully, plain soda, milk, buttermilk, weak tea or coffee (no sugar), toast-water, lime-juice, lemonade. *Mineral Waters*—Saratoga Vichy, Berkeley Hot Springs, Virginia, Lithia Waters, Crab Orchard, Bethesda, Carlsbad, Friedrichshall, Puellna, Villacabras, Marienbad.

Stimulants.—Moselle, light Hock, Bordeaux in small quantities and diluted.

MUST AVOID:

Rich soups, hard-boiled eggs, fried and made dishes, entrées, pickles, spices, veal, turkey, duck, goose, salmon, lobster, crab, preserved, dried, and salt meats, salt fish, pickled pork, asparagus, peas, beans, tomatoes, mushrooms, truffles, dried fruits, preserves, pies, pastry, rich puddings, patties, new bread, cheese, sweets, omelettes, sweet wines, strawberries, rhubarb, cider, fermented drinks, beer.

OBESITY

GENERAL RULES.

Avoid sugars, starches, and excess of fat-forming foods. A certain amount of fat with the food is essential.

MAY TAKE:

Soups (*very little*).—Chicken broth, oyster soup, clam broth, thin beef-tea.

Fish.—All kinds except salt varieties, salmon or bluefish.

Meats (*once a day only*).—Lean beef, mutton, chicken, game.

Eggs.—Boiled and poached.

Farinaceous.—A limited amount of dry toast, gluten biscuits, beaten biscuits, zwieback, Vienna rolls, soup sticks, crusts, graham gems, hoe-cakes.

Vegetables (*fresh*).—Asparagus, celery, cresses, cauliflower, greens, spinach, lettuce, white cabbage, tomatoes, radish, very little, if any, potatoes.

Dessert.—Grapes, oranges, cherries, apples, peaches, berries, acid fruits.

Beverages.—Limited quantity of water, tea, coffee (no sugar or milk), light wine diluted with Vichy. *Mineral Waters*—Avon Springs, Richfield Springs, Crab Orchard, Londonderry Lithia, Hunyadi, Carlsbad, Friedrichshall, Rubinat, Puellna, Villacabras.

Must avoid:

Fats in excess, beverages in excess, thick soups, salmon, bluefish, eels, herrings, salt fish, pork, veal, sausage, spices, hominy, oatmeal, macaroni, potatoes, parsnips, turnips, carrots, beet-root, rice, currants, puddings, pies, cakes, sweets, milk, sugar, malt and spirituous liquors.

Schemes of Meals.

EBSTEIN.

Breakfast.—One cup of black tea. Two ounces buttered toast.

Dinner (*at noon*).—Shinbone soup. Four to six ounces of well boiled or roasted fat meat with gravy. Peas, beans, cabbage, in moderation. Salads, fresh fruits or dried fruits with sugar. Moderate amount of black tea and light wine.

Supper.—One cup of black tea. One egg or fish (may substitute ham or other fat meat). One ounce of well-buttered bread. A little cheese and fresh fruit.

DUJARDIN-BEAUMETZ.

Breakfast.—Bread-crust, three-fourths of an ounce. Cold meat, one and a half ounces. One cup weak tea, without sugar.

Luncheon.—Bread, one and a half ounces. Meat, three ounces, or two eggs. Fresh vegetables, three ounces. Salads, cheese, one-half ounce. Fruit to taste.

Dinner (*in the evening, no soup*).—Similar to lunch, plus bread one and three-fourths ounces, meat three ounces.

S. WEIR MITCHELL.

Milk eight ounces and one egg every three hours (when awake) for twenty days; no other food or drink; then gradually enlarge dietary.

TUBERCULOSIS

General Rules.

Eat as much as can possibly be digested, mostly fatty and nitrogenous foods. It is important to take food between meals and before going to bed. Do not have meals more than three hours apart.

MAY TAKE:

Soups.—Bouillon, clam broth, chicken broth, mutton broth, barley, rice, bean and pea broth, beef-juice and tea, oyster soup, turtle soup.

Fish.—Fresh fish, codfish, raw oysters.

Meats.—Beef raw, underdone, scraped or pounded; roast mutton, lamb chops, poultry, game, bacon, ham, sweetbread, Mosquera's beef-meal, beef-juice, liquid peptonoids.

Eggs.—All ways but fried. Beat with milk, whiskey, or sherry.

Farinaceous.—Wheat bread, Indian-meal bread, with plenty of butter, oatmeal, malt extracts.

Vegetables.—Onions, tomatoes, string beans, spinach, asparagus, lettuce, cresses, celery, greens, peas, rice well cooked.

Fats and Oils.—Mutton, beef, butter, cream, olive and cod-liver oil.

Dessert.—Tapioca and sago puddings, farina, floating island, custards, all fruits, cheese, butter-scotch.

Beverages.—Ozonized water, carbonized water, hot water or hot Vichy water (one pint an hour before meals), lemonade, ginger ale, malt preparations, milk, cream, koumiss, cocoa, chocolate. *Mineral Waters*—Alkaline, iron, and sulphur. Oak Orchard Springs, Richfield Springs, Lower Blue Lick, Green Brier, White Sulphur Springs, Red Sulphur Springs, Aix la Chapelle, Homburg, Franzensbad, Cheltenham.

MUST AVOID:

The excessive use of farinaceous, sugary, or starchy foods; pork, veal, hashes, salt fish, lobster, bluefish, turnips, beets, potatoes, cucumbers, cabbage, parsnips, carrots, macaroni, sphaghetti, arrowroot, corn-starch, hot bread and cake, all fried foods, made dishes, gravies, sweets, pies, and pastry.

PRIVATE NURSING, FROM A NURSE'S POINT OF VIEW

BY JOSEPHINE HILL

THERE is so much to be said on the subject of private nursing, and so many sides from which it may be viewed, that I will leave untouched all sides except that of a happy relation between patient and nurse. All well-trained nurses know, of course, what is necessary to do or not to do in the sick-room, so it is not the nurse professionally with whom I am talking, but the woman individually. I think that to win the confidence, and even the affection, of a sick person, is equally as important as fulfilling

the few desultory orders of the physician. To feel on taking charge of your patient that she is a human being, and not a stereotyped patient, and that you are a woman, and not a hospital machine, is a quick way of establishing a feeling of comfortable sympathy between the two. If young women who graduate from the hospitals could always remember that their training has been for the purpose of making them more skilful in the handling of the sick and more intelligent in their professional attentions, and *not* to obtrude iron-clad rules, they could be happier in their work, and there would be less friction between patient and nurse. If one of our own flesh and blood were ill, and her nurse should be over-conscientious in adhering to rules, to the detriment and happiness of her patient, how indignant we would be. Then why not apply the idea to one's self and one's work. In short, make your patient comfortable and happy, even if it involves breaking a so-called rule or going contrary to the orders of the physician. He would be the first to recognize and appreciate your faculty of treating circumstances as they arise. To find out the temperament and idosyncrasies of your patient and never to run against them; to humor her whims, remembering that you have whims, too, and like to be humored; and if the worst comes to the worst, imagine the case reversed, and yourself in the sick-bed. Realizing that you have the best of it, you can afford to be generously indulgent. If we think of Charles Reade's "Put Yourself in His Place" it will often smooth over a rough place, and silence a sharp reply.

"WHAT will the nomadic and restless-minded modern nurse think of the periods of service given in hospitals abroad? The record of the recent resignation of three of the London Hospital 'Sisters,' after holding their positions respectively seventeen, twenty, and thirty-seven years, speaks eloquently of faithful devotion and serenity in forgetfulness of self."

CHILDREN'S DEPARTMENT

IN CHARGE OF

LOUISE C. BRENT

As the object of this department is to be of use to all interested in children, their care, training, etc., and as last month's paper was more especially intended for mothers, I would like this paper to appeal to those women who are contemplating taking up the profession of nursing.

The impression of many who are anxious to become nurses is that they are wasting their time in spending it with children. Such remarks as, "Only a children's nurse," "Only trained in a children's hospital," often come to my ears, and I can assure those who make them that they are laboring under a strange delusion, for no time is wasted that is spent in the care of little ones, but, rather, an experience is gained that is of great advantage in both a worldly and a higher sense. Looking at it from a worldly stand-point, the experience gained will be of marketable value, for one of the chief requisites of the successful nurse is adaptability, and that is acquired more thoroughly in the care of children than in any other way. As a celebrated physician once said, "The woman who nurses a child nurses the *patient;* the one who nurses an adult nurses the *disease.*" If such is the case, the result will show on the face of it.

Then for the unselfish side. "In helping others we help ourselves." It affords opportunities for the development of character in these little ones, who come to us perfectly untrained. Undisciplined and spoilt children are not confined to the homes of the rich. The examples that may be set, the lessons that may be taught, we who are with them know, and also know the responsibilities, and when we fail we must admit it is because of our failure to realize these responsibilities.

SOME PRACTICAL HINTS AS TO THE MANAGEMENT OF CHILDREN

By CHRISTIE FRASER

A QUESTION of considerable importance to nurses, and especially to those who have, fortunately, chosen a children's hospital as a training-school, is how to manage unruly children, and particularly those where the home influence has been nothing more or less than a street influence.

Unruly children are difficult to manage in any surroundings, but a great deal more so in a hospital, and the poor nurse is often taxed to the limit of her capacity in dealing with such cases.

As a first suggestion, gain the child's confidence; in fact, one is handicapped until this is accomplished, as it means either success or failure. This is a task the nurse must allot herself. In some cases it may appear difficult and even useless, but in a very short time the least mentally developed and most neglected child understands that its nurse is to be trusted. This trust is reciprocated in the child and his confidence is gained.

Treat the child kindly but firmly, as kindness without firmness is no kindness either to child or nurse. Make the child realize what is said is meant; never threaten without fulfilling the threat, because no matter how young a child is, he soon understands whether or not the punishment is to be inflicted.

When a child does right, either purposely or accidentally, give him your approval and your smiles, but be sure they are not wasted. Study your individual and work on the better nature, because every one has a spark of goodness, latent though it may be, not yet having had its appeal. If you find kindness a failure,—but be very loath to say so,—then the child must be kindly punished and made to suffer for his wrong-doing. First deny him the privileges which you know he enjoys, as rendering little services to the nurse, as filling her pin-cushion; if an up-patient, running little errands which gladden the child's heart; and many other child pleasures which present themselves in the busy ward, monotonous, sometimes, for the child patient. If this fails, make him feel his disgrace still more; show him he has lost your confidence, but hold out to him the possibility and means of regaining it. Failing even in this, then put the child in seclusion. Make him understand you are doing this for his sake as well as for his companions, as his example will be very detrimental in a ward. In the meantime, use the same unchanging kindness and never-failing firmness with the unruly one, until you are fully convinced he is properly repentant and resolved to do better. Never grow impatient or lose your temper with the child, for if you do you lose the child's confidence and your power over him, as well as your own self-respect and dignity. Having once punished a child, the offense is forgiven and should be forgotten.

A good motto in dealing with children is, " Make haste slowly."



THE BROOKLINE ISOLATION HOSPITAL

CONSTRUCTION, SANITATION, AND HYGIENE

IN CHARGE OF

M. E. P. DAVIS

To the majority of the nursing profession, as well as to the non-professional masses, we may venture to say that the important subjects to be treated in this department from their very nature are almost fallow ground.

Having to do largely with scientific research and experiment, writers for scientific or professional journals have heretofore gone quite over the heads of ordinary mortals, or their explanations are too deep and intricate to be easily understood or applied by them.

It is our aim and purpose to give our readers papers by well-known authorities, demonstrating the possibilities of their theories and research by scientific and practical tests, reduced to their simplest, most comprehensible, and most practicable forms. The construction, sanitation, and hygiene of all places where people pass their waking hours or sleep; the home, the hospital, the prison, the factory, the school, the public bath, the street, the storage of foods, the housing of domestic animals, —everything that has a bearing, direct or indirect, on the health, character, comfort, or happiness of the people,—will be discussed, demonstrated, and their practical possibilities made known through these columns.

Primarily the enlightenment of the profession was the moving cause of the establishment of this department, but we claim for it in no way a monopoly of this enlightenment, our intention being to benefit the layman equally with the nurse.

THE BROOKLINE, MASSACHUSETTS, ISOLATION HOSPITAL

By H. LINCOLN CHASE, M.D.

The present hospital, one of the pioneers of its kind in the towns and smaller cities of this country, consists of a two-story building for small-pox patients, a building for diphtheria patients, also one for scarlet-fever patients.

Before this description appears in print, however, an additional wooden building for convalescents from diphtheria will be in use.

The small-pox building, for which Dr. George K. Sabine drew the sketch plans, was hastily put up during an outbreak that occurred nearly twenty years ago, but it was not used until the winter of 1893-94, when two patients were taken there. It consists of two large rooms for patients, a kitchen, and a small bedroom. About six patients could be comfortably accommodated, but no one claims for it any special hospital features.

In 1894 the town recognized the importance of providing for the prompt and complete isolation of cases of diphtheria and of scarlet fever, and accordingly, at the annual town meeting, it voted to appropriate five thousand dollars asked for by the Board of Health to construct suitable buildings for the isolation and care of persons ill with dangerous contagious diseases. Under this vote the board constructed, in one of the least densely populated parts of the town, two buildings, a safe distance apart and sufficiently remote from all other buildings. They were placed on high ground, in a location of considerable natural beauty, and with space about them for the erection of additional buildings in the future. Dr. Abbott, secretary of the State Board of Health, who visited the proposed site with the writer, said the town was to be congratulated on owning so desirable a lot of land for such a purpose.

The Building Committee consisted of Messrs. Horace James and Tucker Daland, of the Board of Health, and the writer. Expecting that the hospital would very seldom be needed, and then for but very few patients, no architect was employed, and two fairly comfortable little hospitals, of very simple design, were built. The buildings are of wood, single story, pavilion style, each having two small four-bed wards, with a hallway through the middle of the building, a bedroom for the nurses, a kitchen, cellar, and attic, and can each comfortably accommodate eight patients, if mostly children; in warm weather, however, when it has seemed absolutely necessary, a larger number has been taken care of, but never consistently with the best welfare of the patients. This has been found especially true when a number of the patients were adults. The buildings were planned with attention to securing natural ventilation and abundant sunlight in every room. The walls are plastered and covered with Windsor cement, and all the rooms have open fireplaces, but rely for additional heating on small stoves in each room. There are ample uncovered piazzas and a small separate building that serves for the storing of fresh clothing and also for the sheltering of the formaldehyde disinfecting cabinet and the ambulance.

At one end of the scarlet-fever pavilion are two rooms wholly

separated from the rest of the building. One of these can serve as a probation ward and the other as its kitchen, or both can be, and, in fact, have been, used for an overflow of diphtheria patients, each room accommodating four or five children. These hospitals, though not constantly needed, are kept ready for almost immediate use, and have proved extremely valuable for the prompt isolation and proper care of cases of diphtheria and scarlet fever appearing in crowded tenements and in boarding-houses, not to mention quite a number of domestics and other adult patients.

In the diphtheria epidemic, however, of a year ago, these accommodations proved so unequal to the demands upon them, that steps were taken to provide a hospital that in every respect should meet the requirements in a threatened or actual epidemic, in a town of the population and character of Brookline.

A committee was appointed consisting of Messrs. James and Merrill, of the Board of Health, with its bacteriologist, Dr. Francis P. Denny, and the writer, to consider and report on the needs of the hospital.

On the request of the two medical members of the committee, the board authorized them to consult with Dr. John H. McCollom, superintendent of the Contagious Department of the Boston City Hospital, as to the requirements of such a well-planned hospital as they proposed to have built, and from him suggestions of much value were received. They also visited the contagious hospitals of Boston, Worcester, Cambridge, Newton, and other places, and gathered considerable practical knowledge of the subject before submitting to the architect the sketch plans of the committee for the new buildings.

Within recent years, as the readers of this publication are aware, the principles of hospital construction, and especially of those for infectious diseases, have undergone radical changes, and the need has become recognized of special knowledge for their successful arrangement and construction, if the best welfare of the patients, and, indirectly, that of the whole community, is to be secured.

At present the diphtheria hospital and the probation ward and its kitchen are occupied by twenty-one diphtheria patients and attendants, while two or three patients in a crowded tenement district are on the waiting list. Mrs. Bertha A. Ellis is acting as head nurse, and is assisted by Mrs. Lord and Miss Doolin.

When the architect's plans and specifications for the new buildings, in which are being incorporated everything requisite in such a hospital, have been completed and accepted by the town, another cut and description of Brookline's Isolation Hospital, the writer believes, will be of much greater interest and value than what is here presented.

EDUCATIONAL

IN CHARGE OF

ISABEL HAMPTON ROBB

HOSPITAL ECONOMICS

(Concluded)

In the October number of the JOURNAL, the prospectus of the Course in Hospital Economics * appeared, together with the syllabus of the special lectures on Hospital Economics.

The following syllabus of the elective courses in the department of Domestic Science will give an idea of the ground covered by the students in whichever courses in Domestic Science they may select.

DOMESTIC SCIENCE.

I.—FOODS

This course gives theory and practice in cooking, and aids the student in arranging subject-matter for teaching. Especial attention is given to scientific methods of laboratory work, and to the adaptation of such methods to the school kitchen.

OUTLINE OF TOPICS.

I. Food materials: 1. Composition. 2. Classification.

II. Relation of food to the body: 1. Digestion. 2. Assimilation.

III. Preparation of food: 1. Heat in cooking. (1) Production: *a*, fuels; *b*, cooking apparatus.

IV. 2. Application: (I.) Cooking processes. *A*, experiments to determine temperature; *B*, utensils. (II.) Food combinations: 1. Materials: (1) Non-nitrogenous—*a*, starchy substances; *b*, cereals; *c*, fruits; *d*, vegetables, starchy and green; *e*, bread stuffs; *f*, sugar; *g*, fats. (2) Nitrogenous—*a*, gelatine; *b*, milk; *c*, eggs; *d*, shell-fish; *e*, fish; *f*, poultry; *g*, meat, *h*, beans, peas, and lentils. (3) Miscellaneous —*a*, salads; *b*, desserts; *c*, fancy dishes; *d*, beverages. 2. Treatment: (1) Proportion. (2) Methods of mixing. (3) Application of heat. (4) Food adjuncts.

* Teachers' College, Columbia University, New York.

II.—Food Production and Manufacture.

Production of food materials, such as dairy products; manufacture of flours, cereals, spices, etc.; food adulterations; marketing, etc. Lectures, laboratory work, reading, excursions.

III.—Foods, Advanced Course.

Advanced cookery; preservation of foods; cookery for invalids; food values and dietaries; cooking, planning, and serving meals.

OUTLINE OF TOPICS.

I. Preservation of food.
II. Fancy dishes: 1. Pastry. 2. Desserts. 3. Entrées.
III. Meals and dietaries.
IV. Cookery for invalids and children.

In Domestic Science I., II., and III. the work is constantly considered from the teacher's point of view, so that the courses really give training in:

IV.—Home Sanitation and Management.

This course is of particular value in relation to private duty.

General Outline of Course.

I. The House: 1. Situation. 2. Structure. 3. Equipment. 4. Cleansing.

II. Economics and Management: 1. Systematic arrangement of housework. 2. Laundry. 3. Expense and accounts. 4. Domestic service. 5. Home nursing.

PARTIAL OUTLINE OF SPECIAL TOPICS.

Structure of the House. City, Country, and Suburban.

1. Above ground: (1) Admission of sun—*a,* how should the house face? *b,* shade of trees and buildings. (2) Protection from prevailing winds.

2. The soil: 1. Character of soil. 2. Slope. 3. Sub-strata.

Structure.—First Lesson.

I. Foundation: (1) Drainage of soil—*a,* from underground damp; *b,* from local rain. (2) Structure of floor and wall—*a,* what material; *b,* how laid. (3) Inner finish—floor; wall; ceiling. (4) Ventilation. (5) Lighting.

Superstructure.—Second Lesson.

I. Plan: (1) Special considerations. 1. Single room. (1) Proportions—*a,* width and length; *b,* height. (2) Wall space. A. Win-

dows—*a,* position; *b,* size. B. Doors—*a,* position; *b,* size. C. Fireplace. 2. Relation of rooms to each other. (1) Convenient passage. (2) Economy of space. A. Chimneys. B. Entry or hall. C. Stairways. D. Closet-room.

II. Application of special consideration: 1. Single house. (1) Ground floor. (2) Upper floor. 2. Double house. (1) Basement. (2) First floor. (3) Second floor.

References for Reading, Teachers' College Library.

Convenient Houses. Louis H. Gibson.
Cottage Building. C. Bruce Allen.
The Story of a House. G. M. Towle.
Public Health.
Dwelling Houses. W. H. Corfield.
Sanitary House Inspection. Gerhard.
Pamphlets in Cooking Laboratory.

Superstructure.

II. Construction: (I.) Framework. 1. Walls. (1) Material—*a,* wood; *b,* stone; *c,* brick. (2) Construction—*a,* for strength; *b,* for warmth; *c,* for dryness. 2. Roof. (1) Material. (2) Construction. 3. Floors. (1) Material. (2) Construction.

(II.) Inner finish. 1. Special considerations. (1) Cleanliness. (2) Durability. (3) Artistic effect. 2. Application of these considerations. (1) Walls. (2) Ceilings. (3) Floors. (4) Woodwork.

Means for Disposing of Waste.

I. How does nature dispose of waste?

II. Household methods:

(I.) Water and body waste. 1. In the isolated house. (1) Utilization of water for irrigating purposes. (2) The out-house or earth closet. 2. Town house unconnected with sewer. (1) (For system in house, see next topic). (2) The cess-pool. 3. Town house with water carriage. (1) Requirements of a good system of plumbing. (2) Piping. A. What are soil, waste, and house-drain pipes? B. Of what materials, how jointed, in what position, have exposed, trapped, and ventilated. C. Fixtures—*a,* basins; *b,* closets. D. Tests for poor plumbing. (II.) Table Waste. 1. Food for animals. 2. Use as a fertilizer. 3. Cremation. (III.) Miscellaneous waste, as papers, leather, old metal, etc.

III. Municipal Methods:

(I.) Carriage into river or sea. (II.) Utilization of material for fertilization. (III.) Cremation of table refuse.

References, Teachers' College Library.

Public Health. American Publishing Health Association.
The Town Dweller. Fothergill.
Public Health Problems. Sykes.
Handbook of Sanitary Information. Tracy.
House Drainage. Gerhard.
Disposal of Household Waste. Van Nostrand Lewis.
Sanitary House Inspection. Gerhard.
Plumbing. S. S. Hellyer.
American Plumbing. Revill.
How to Drain a House. Waring.
Women, Plumbers, and Doctors. Plunkett.

This will close the subject of Hospital Economics until the spring, when a full announcement of the plans for 1901 will be given early enough for any desiring to take the course to make application and to be accepted before the summer holidays begin.

"*In honour preferring one another.*"—Rom. xii.

"WHO is it that, when years are gone by, we remember with the purest gratitude and pleasure? Not the learned or clever, or the rich, or the powerful, that we may have known in our passage through life; but those who have had the force of character to prefer the future to the present, the good of others to their own pleasure. These it is who leave a mark in the world, more really lasting than pyramid or temple, because it is a mark that outlasts this life, and will be found in the life to come."

DUTY'S whole lesson thou hast learnt at last,
Which in Self-Sacrifice begins and ends.
By the rejection of thyself thou hast
Regained the Infinite, Whose Life transcends
All personality!

—*Lytton.*

PROPHYLACTICS

IN CHARGE OF

MARY M. RIDDLE

THE RELATION OF BACTERIOLOGY TO PREVENTIVE MEDICINE

By JOHN H. McCOLLOM, M.D.

Resident Physician, Boston City Hospital, South Department; Instructor in Contagious Diseases, Medical School of Harvard University

(Continued)

No disease of modern times has a greater influence on the death-rate than consumption, and thanks to bacteriology its infectious nature is now fully established. The hereditary nature of the disease is not now admitted to any considerable extent, and the existence of many cases of supposed hereditary transmission can be fully explained by infection. It is an interesting fact bearing on the prevalence of this disease that there are more deaths from consumption each year in Boston than there are cases of scarlet fever, one of the most infectious of diseases. The cutaneous manifestations of tuberculosis have not until within a few years attracted much attention, but recently this subject has been very carefully investigated not only by dermatologists but also by the profession at large. It has been proved that tubercular disease of the skin is extremely frequent, and it has also been shown that the infection is derived from the sputum of persons ill of phthisis. Thus far very little has been done in the way of limiting the frequency of the disease, but there is much for boards of health to accomplish in this direction. The degree of infectiousness of a disease has a very important bearing on the method of diminishing its frequency. The source of danger in consumption is the sputum, particularly when in a dry state, and for this very reason all sputa should be carefully disinfected as soon as expectorated. There is no proof that a person ill with phthisis can communicate the disease either by contact or through the air, but every attempt should be made to disinfect the sputum by the best-known methods. The use of sanitary sputum-cups, made of paper, which can be burned, now in use in every hospital should be earnestly advocated by the profession, and, in addition, all handkerchiefs and cloths soiled by the expectoration should be

either burned or disinfected by carbolic acid or some other equally good agent. As this bacillus remains active for a long time when in a dried state, the importance of watering the streets is self-evident. Dust is one of the best agents for carrying disease, and therefore the watering of streets is much more important from a sanitary point of view than from any other.

Much has been said and there has been much acrimonious disputation during the past year in this vicinity regarding the transmission of tuberculosis by milk. That this does occur, and that it has occurred, has been established beyond a doubt. The work of the cattle commissioners in endeavoring to stamp out tuberculosis in cattle, or at least to diminish its frequency, although it has received much adverse criticism, has accomplished a certain amount of good.

The bacillus of tuberculosis was discovered by Koch in 1882, and the announcement of his discovery was made at the meeting of the Physiological Society of Berlin in March of the same year. The importance of this discovery on the etiology and pathology of the disease cannot be overestimated. This bacterium is a rod with rounded ends from one to three and five-tenths micromillimetres in length. This bacillus is extremely difficult to cultivate, but by careful attention to technique and proper care culture medium can be successfully grown. The importance of this organism as a means of early diagnosis is very great. It can be stained, in the sputum of patients, very readily without the necessity of cultivation, as is the case with the other pathogenic organisms. The method adopted by Koch and modified by Ehrlich, and known as the Koch-Ehrlich method, is the most satisfactory way of staining. It consists in placing upon cover-glasses a minute portion of the sputum. It is important to select the small lenticular masses so frequently seen in tuberculous sputum. These masses are crushed by rubbing the cover-glasses together and then are allowed to dry in the air. They are then placed in an alcoholic solution of fuchsin to which a certain amount of aniline-water has been added for twenty-four hours, at the end of which time the cover-glasses are washed and decolorized with nitric acid, one part to three for sections, one part to four for cover-glasses, and are then washed and counter-stained with a watery solution of methylene blue and mounted. When examined it will be seen that the tubercle bacilli are stained red and that the other organisms are stained blue. Ziehl's method of staining may be used in certain instances where it is impossible to wait twenty-four hours, but the disadvantage of Ziehl's method is the fact that if the bacilli are few in number they may not be detected. In the same specimen of sputum a negative result may be reached with the Ziehl method and a positive one with the Koch-Ehrlich. The Ziehl

method consists in using a solution of fuchsin and carbolic acid for half an hour with the addition of heat. The subsequent steps are similar to those in the Koch-Ehrlich. The tubercle bacillus is a strict parasite, and while it does not multiply to any very considerable extent outside the body, yet it retains its vitality for a very long time, and under favorable conditions will multiply very rapidly. Koch, Schill, and Fischer found that these bacilli retained their vitality in dried sputum for from nine to ten months. Malet in his experiments with the dried parts of the lung from a tuberculous cow produced tuberculosis with this material in guinea-pigs at the end of one hundred and two days. The organisms also may retain their vitality from forty to fifty days in putrefying material, or according to other observers one hundred and twenty days. The gastric juice does not destroy this organism, as has been shown by the experiments of Baumgarten and Falk. A three-per-cent. solution of carbolic acid destroys these organisms in sputum in about twenty hours, according to Schill and Fischer. Yersin's experiments with the bacillus of tuberculosis show that this organism was killed by a five-per-cent. solution of carbolic acid in a very short time. Absolute alcohol destroyed the organism in five minutes, mercuric chloride, one part to a thousand, was fatal to the organism in ten minutes, salicylic acid, two and one-half per cent., in six hours. The action of sunlight on the tubercle bacillus is very marked. Koch says that when this organism is exposed to the direct rays of the sun it is killed in from a few minutes to several hours, according to the thickness of the layer. It is also destroyed by diffuse sunlight in from five to seven days when placed near a window. Von Esmarch has shown by his experiments that when pure cultures of this bacillus are placed upon white cloth and exposed to the sunlight they are killed in a few hours. That when similar cultures are placed upon black cloth a greater length of time is required to destroy them. The action of sunlight on this organism as well as on all other pathogenic organisms has an important hygienic bearing. The disinfectant action of sunlight has thus far not received sufficient attention. The desirability of sunlight in dwellings and hospitals while it has been advocated on general principles has not until comparatively recently, due to the work of the bacteriologists, been placed on a strict scientific basis. In Bowditch's investigations on consumption in Massachusetts he found that consumption was much more prevalent in houses where the sunlight was excluded, to a considerable degree, by shade-trees, and also where there was a certain amount of dampness; in fact, where all the conditions were suitable for the growth and retention of the vitality of the organism. It is also a significant fact that tuberculosis is much more common in cattle confined in dark, damp stables.

Although leprosy is a rare disease with us, yet it is important to recognize it not only clinically but also from a bacteriological standpoint. Hansen in 1879 discovered a bacillus in the interior of the round cells found in leprous tubercles. Neisser and many other observers confirmed this discovery. The bacillus of leprosy resembles the tubercle bacillus in form, but is of more uniform length and is not so generally bent or curved. This organism can be stained by the aniline colors. The best method of staining for purposes of diagnosis is that used for the tubercle bacillus which has been already described. Many attempts have been made to grow this organism artificially, but they have not been very successful. Recently, however, it has been stated in the report of the India Leprosy Commission that a successful cultivation of the leprosy bacillus in blister-serum has been accomplished. The opinion that this bacillus is the cause of leprosy has been derived from deduction rather than from actual inoculation of pure cultures. It has been shown, however, that tissues containing this organism are infectious. Arning in the Sandwich Islands inoculated a condemned criminal with fresh leprous tubercles containing immense numbers of these bacilli. The man was under observation until his death from leprosy five years after the inoculation. The disease manifested itself first about five months after inoculation near the point of insertion of the infectious material. In the lower animals certain observers have had positive results with the inoculation of leprous tubercles.

Glanders has been shown to be due to a certain specific organism, and the importance of a positive diagnosis in doubtful cases of the disease for the purpose of isolation is very great. This organism was discovered by Löffler and Schütz in 1882, and is described by them as a rather short bacillus with rounded ends. This organism is an aërobic non-motile parasitic bacillus, and stains readily with the usual aniline colors. Mallein obtained from pure cultures of the glanders bacillus gives us an agent of great diagnostic value. It has been found that the inoculation of animals with this preparation in the incipient stages of glanders has been followed by a very decided and marked reaction which does not occur in healthy animals. Although as yet we have not an "anti-mallein" for the cure of the disease, yet the etiology of the disease has been elucidated, and we also have an agent, thanks to bacteriology, that is of great practical value from a diagnostic point of view.

Typhoid fever, the frequency of which is so great in the towns and smaller cities, has been demonstrated to be due not so much to infection from the patients themselves as to a polluted water-supply and milk-supply. Valuable as a chemical analysis of the water-supply is, the value of a bacteriological examination of the water is much

greater. Eberth in 1881 and 1882 demonstrated the presence of the bacillus in the spleen and diseased glands of the intestines of patients dead of typhoid fever. Gaffky first obtained pure cultures of this organism and described its principal biological characters. This organism is a small bacillus and is motile. The organs of motility are numerous flagella arranged around the periphery of the organism. This bacillus stains with the usual aniline colors. This organism grows in the presence of oxygen and does not liquefy gelatin, which latter is an important point in differentiation. As this organism resembles many others in shape, it is impossible to differentiate it without careful and peculiar methods of cultivation. The fact that it does not liquefy gelatin, that when grown in litmus agar and litmus bouillon containing two per cent. of glucose there is no formation of gas and no change in the color of the litmus, are some of the methods by which the organisms can be detected. The importance of a bacteriological investigation of the water-supply has been fully demonstrated by the results of the work of the State Board of Health of Massachusetts at the experimental station at Lawrence. It was found that an increase of the number of cases of typhoid fever in Lowell, which drains into the Merrimac River, could be demonstrated by the increase in the number of bacilli of typhoid fever found in the river-water at Lawrence. There are many instances on record where well-water sufficiently pure, chemically speaking, for domestic use was found to be loaded with the bacilli of typhoid fever. In fact, a well placed as it generally is in the country, where it of necessity receives the drainage from the house, if the water becomes contaminated with the germs of typhoid fever, forms one of the most fertile means of spreading the disease. It is, in fact, a culture tube on a large scale. This not only emphasizes the necessity for disinfecting the excreta of typhoid fever patients, but it also shows the importance of placing wells at a considerable distance from the dwellings and on a higher plane. It has been found that the bacillus of typhoid fever dies after a short time in river-water, but lives long enough to cause the disease in susceptible individuals. The longest period of time that this organism has been known to live in river-water placed in test-tubes is twenty-four days. The advantages of purification of water by sand filtration has been fully demonstrated by the work of the bacteriologist. It has also been shown that in order that the filter may be effectual it must be constructed under certain definite rules, and when constructed according to these definite rules even the most polluted water is made safe for domestic use. Probably no city in the world had more cause to lament a polluted water-supply than Hamburg, but owing to the severe lesson of the cholera epidemic her water-supply is now of the best. Hamburg has at the

present time the most complete and well-equipped water-works of any city in the world. The water is taken from the Elbe and is submitted to rock and sand filtration, so that the organic matter and most of the bacteria are removed. A corps of trained bacteriologists examine the water as it comes from the filters three or four times in the course of the twenty-four hours. If the number of organisms is above a certain percentage the water from that particular filter is not used, but the filter is discontinued for a certain length of time until it has been cleansed and the water from a second filter is used. If Hamburg had had this system eight years ago she would not have been visited by the tremendous epidemic of cholera. It is also a significant fact that since the introduction of the new water-supply at Hamburg the number of cases of typhoid fever in that city has been diminished to a marked degree. The city of Altona, situated below Hamburg and taking its water from the river Elbe, while it had not so extensive and elaborate a system of water-works as Hamburg now has, was supplied with comparatively pure water, and the result was that while Hamburg eight years ago, before the introduction of the new water-works, suffered from cholera in a marked degree, Altona was comparatively free from the disease. No system of water-supply should be considered complete without a bacteriological laboratory connected with it,—a laboratory sufficiently well equipped with men and materials to carry on not only the routine work but also to engage in experimental research. There are many problems regarding a water-supply that should be solved: the question of purification by the air; the life-history of the various bacteria in water; the structure of the filters, not only the material of which they are composed, but the manner in which they are built, and many other questions that it is unnecessary to enumerate.

The effect of freezing on the bacillus of typhoid fever has been carefully studied by various bacteriologists, and it has been absolutely demonstrated that cold does not kill the organism although it does inhibit its growth. This has an important bearing upon the ice-supply. Ice taken from a pond contaminated with the discharges from typhoid fever patients when used may communicate the disease. The importance, therefore, of some supervision of ponds and rivers from which ice is taken is apparent.

(To be continued.)

HOSPITAL AND TRAINING-SCHOOL ITEMS

IN CHARGE OF

LINDA RICHARDS

On August 22, 1900, Mr. Thomas W. Lawson's horse, "Boralma," won ten thousand dollars at the races at Readville, Massachusetts. Before the race Mr. Lawson said if "Boralma" was successful half the money should be given to the West End Nursery and Infants' Hospital, a hospital for babies under two years of age at 37 Blossom Street, Boston. The following correspondence, therefore, will be interesting to our readers:

"Boston, September 27, 1900.

"West End Nursery and Infants' Hospital:

"Enclosed please find check for five thousand dollars, to be used in your wise judgment in some way which will bring the greatest amount of happiness to your charges. Upon the day I earned this money I was so ill I do not think it would have been possible for me to have performed the great task for which it was a reward, if I had not been buoyed up by the thought of how much it meant to your babies; but by keeping constantly before me on that day the fact that I was working for those who, like myself, are absolutely dependent for all their comfort and all their happiness upon others, I succeeded.

"Wishing you the full meeds of success in your noble task, I beg to remain

"Your four-footed friend,

"Boralma."

"Boston, October 10, 1900.

"Dear Boralma:

"We, the babies at the West End Nursery and Infants' Hospital, send you our sincere thanks for your efforts in winning the race which brought us such a generous check. We send to you our colors, and hope that when you wear our pink ribbon you will think of the little babies on Blossom Street whom you have helped to health and strength.

"Very gratefully yours,

Their
"The × Babies."
Mark.

There has been a course of Domestic Science started in connection with the Young Woman's Christian Guild of Toronto, Canada. A class in invalid cooking forms part of the course. This will be of great benefit to the hospitals which have not this course in their curriculum. A class of twelve nurses from the Children's Hospital have attended.

THE Guild of St. Barnabas for Nurses has been started in Toronto with Mrs. Broughall, of St. Stephen's Rectory, superior, and Canon Welch, of St. James Cathedral, chaplain. The meetings are held the first Tuesday of every month. Thirteen nurses have joined.

THERE has been some change in the course of training at the Massachusetts General Hospital Training-School, Boston, Massachusetts. The present course is twenty-six months, and includes a three-months' obstetrical training at the Sloane Maternity, New York City, for twelve pupils each year. The instruction to the senior pupils in cooking and diets is this year given by Miss Alice A. Garmon, a graduate of the Columbia College Hospital Economics Course. Miss Garmon will also teach physiology, anatomy, and hygiene. A two-months' post-graduate course of either medical or surgical work is open to graduates of the school.

A MEETING of the Erie County Hospital Alumnæ Association, Buffalo, New York, was held at the hospital on September 5. The president, Mrs. L. H. Pfuffer, read a letter from Miss Thornton, secretary of the Associated Alumnæ of the United States, asking for suggestions of subjects for papers to be read at the annual meeting in Buffalo, September, 1901. The secretary, Miss Kinnon, read letters from absent members—Miss McCormick, in the Philippines, and Miss Gillette, who is in a yellow-fever hospital in Cuba. Five applications for membership were considered and the applicants elected to membership. Miss Cox, a pleasing elocutionist, gave a reading. The meeting was adjourned to meet the first Wednesday in December.

THE Willard Hospital, of Bedford, Massachusetts, for the treatment of dipsomania and macromania patients, held an informal opening September 28. The hospital has been in operation since last July, when the estate of one hundred acres was bought by the hospital corporation. A large three-story mansion was erected on the place some twenty years ago, but it was never occupied till the Willard Hospital was founded. No hopeless cases will be admitted, and no men who are not willing to do their part in breaking off the drink or opium habit. The hospital has no endowment, and a fee will be charged, about one-third of the sum asked by other institutions with a similar aim, and further funds depend upon the generosity of the public. Rev. Edward Everett Hale is president of the Board of Directors; Mr. Edward May, of Jamaica Plain, is treasurer; S. B. Elliot, M.D., is secretary and medical director. The inmates have tennis, golf, canoeing, and fishing. They can enjoy drives, walks, and, in winter, skating, and they always have a beautiful view

to look out upon. Application for admission may be made to the medical director, Bedford, Massachusetts.

Miss Lucy C. Ayers, graduate of the New Home Training-School for Nurses, has been appointed superintendent of nurses at the Rhode Island Hospital, Providence, Rhode Island. She will fill the vacancy caused by the resignation of Miss Stowe. Miss Ayers has been in the West for the past five years, where she has done very satisfactory work as superintendent of both hospital and training-school. She resigns to go to Providence.

At Wawatosa, Wisconsin, the County Board has voted to spend one hundred thousand dollars in putting the County Hospital in good condition. The old building will be remodelled and improved. There will be a new heating and ventilating plant, and the interior arrangements will be changed. An addition will be built as well as a separate administration building.

The sick and wounded at Galveston are receiving the best of treatment, and the facilities are such that any one needing medical attention can have it on application. Besides the other hospitals and medical relief stations already in service, the Marine Hospital and Refuge Camp has been opened and will accommodate a large number of patients. Persons able to travel have been taken from the hospitals and sent in the revenue cutter and by other means of transportation to Houston and other relief stations on the mainland. The Sealey Hospital, which was reported as having been blown away, survived the storm with the exception of broken window-panes, a damaged ceiling, and the drenching of a number of the rooms with their contents; it is practically unharmed. There was no loss of life among the inmates.

The trustees of the Lakeside Hospital, Cleveland, Ohio, have within the past few months made some very important changes. The responsibility of the entire cooking for the hospital has been given to the diet-teacher, Miss Perry, a graduate of the Pratt Institute. She makes out the bills-of-fare, orders all supplies from the store-room, supervises the cooks in their work, attends to the distribution of the food, and has charge of the diet-kitchen, where two pupil nurses are always in attendance, each serving two months. This change in regard to hospital cooking has proved most satisfactory. Thought for the comfort of the nurses has been shown by the sending out of the following notice: "The trustees of the hospital have made arrangements to assist young women who wish to enter the nursing profession and are unable to remain in

the school for three years without financial assistance. A loan, not exceeding fifty dollars yearly, will be allowed to pupils who have been in the school one year, and who have during that time proved themselves worthy of this consideration and able physically to continue the course of training. The idea is not to make the pupil a recipient of charity. The money is strictly a loan, to be returned within twelve months after leaving the hospital, and to be evidenced by a promissory note of the recipient, this note to bear interest at four per cent. per annum. Application must be made in writing to the principal of the school." Miss Rebecca Cross, a graduate of the Royal Victoria Hospital, Montreal, of the Class of '97, has recently been appointed assistant superintendent of the Training-School.

Miss Jane A. Wright, superintendent of the Providence Lying-in Hospital, Providence, Rhode Island, is at her home in Rome, New York, on sick leave. She expects soon to be able to return to her work. Miss Martha M. Russell, assistant superintendent, has charge of the hospital during Miss Wright's absence.

The Graduate Nurses' Association of the Henry W. Bishop Third Memorial Training-School for Nurses met September 5, 1900, in the Study Hall at the House of Mercy Hospital, Pittsfield, Massachusetts. After roll-call, reading of secretary's report of the last meeting, and like business, the question of adding a vice-president to the officers, which now consist of four members only, was brought before the meeting. It was voted that such officer be elected at the next annual meeting, thus changing By-law 4.

The next question was, "Shall a new by-law be added giving absent members the right to vote by proxy?" This was carried and the new by-law added. It was voted that Miss Clement, superintendent of the training-school, be made an honorary member of the association. Then followed an informal talk on the special course in hospital economics in Columbia University. This was of interest, as also that which followed the reading of a letter from Miss Mary E. Thornton, secretary of The Nurses' Associated Alumnæ of the United States.

After this there was a discussion as to whether the president and vice-president should hold office for one year only or indefinitely, as has been the custom. No decision was reached. This was followed by a discussion regarding the weekly charge of private nurses—"Should it be uniform, and what discount was it wise to make under certain circumstances?" This question is to come up again at the next meeting. Some talk was made over the building of the Graduate Nurses' Home, for

which the members of the alumnæ are working. The association already has a lot, given them by Mr. and Mrs. S. N. Russell, facing that beautiful green "The Russell Elms," which has come to the hospital by the will of Mr. S. N. Russell. There is also a fund of more than three thousand dollars, which sum is steadily growing. The time of building is in the future. Meantime, many are working to add to the funds. The meeting was adjourned till December.

THE Marten Hospital, Taunton, Massachusetts, has recently completed a very fine operating-room, with etherizing, recovery, sterilizing, accident, and doctors' dressing-rooms in connection, everything being strictly up to date. Connected with the new building is a broad corridor which is to be used as a sun-parlor for patients. The room in the hospital formerly used for an operating-room has been made into a small ward, thus increasing the capacity of the hospital to twenty beds.

MISS MARGARET E. CLARK, a graduate of the McLean Hospital, Waverly, Massachusetts, has been appointed to the responsible position of clerk in the hospital from which she was graduated. She fills the position made vacant by the resignation of Miss F. C. Gilbert.

ON October 3 nineteen nurses were graduated from the Hartford Hospital Training-School, Hartford, Connecticut. The exercises, which were held in the Nurses' Home on Jefferson Street, were varied and interesting. There was music by the Breman and Hatch Orchestra. The opening prayer was offered by the Rev. Samuel Hart, followed by remarks by Dr. Gurdon W. Russell, president of the Board of Trustees; an address to the graduates, by Rev. Joseph P. Twitchell, essays by three nurses of the graduating class, presentation of diplomas, with a few words of kindly advice by Dr. H. G. Howe on behalf of the Executive Committee, and benediction by the Rev. Samuel Hart. Lunch was then served, and the large company dispersed.

FOREIGN NEWS

IN CHARGE OF

LAVINIA L. DOCK

FROM OUR CORRESPONDENT IN LONDON

"DEAR EDITOR:

"It is with the very greatest pleasure that I begin a letter to you, for the news that the Association of American Alumnæ is about to issue a journal of its own is welcome indeed, and we in this country, whose aims and aspirations are the same as yours, see in your new venture an added strand to the cable which takes no account of oceans or distance, but which unites in a common purpose the nurses of the Old and New Worlds.

"When I begin to think what there is to tell you of nursing affairs in this country my mind harks back inevitably to the International Congress of Women held in London last year, when nurses forgathered from many parts of the world, and, as members of one of the recognized professions for women, discussed their own concerns. None of us who were privileged to be present on that occasion will soon forget its inspiration, and not the least of its benefits was that members of the nursing profession in various countries, known only to each other by name, or perhaps by correspondence, became personally acquainted, and in some instances formed permanent friendships. Certainly in this country we have felt the impetus of the Congress ever since, its influence has by no means ceased, and I believe it will go on increasing. One of its chief results was, as you know, the formation of the International Council of Nurses, at the Annual Conference of the Matrons' Council held in the congress week, and at which some of the foreign visitors were present. We are very proud that at the election of officers this year, by the vote of the members in different parts of the world, a British woman should have been elected its first president.

"Talking of the International Council of Nurses reminds me of the congress which is to be convened under its auspices at Buffalo next year. Which of us will be there, I wonder? I have heard but one opinion on the subject. Every one would like to go. But nurses, as you know, are not a wealthy community, and the difficulty is how to find the necessary funds. When the Matrons' Council meets again after the holidays a sub-committee will be formed to deal with the financial question. We hope that some of our nursing societies will subscribe to send at least one delegate, so that this country may be well represented. I am sure that we should learn much from you. From the little I know of American nurses it seems to me that public speaking comes easy to them. With British nurses, with a few notable exceptions, this is certainly not the case. They may manage the nursing departments of their own institutions admirably, they can conduct the necessary business with their committees with equal facility, but when it comes to taking the chair at a public meeting, or even speaking in public, they find the ordeal so terrible that they rarely attempt to face it. Such a feeling

—a very real one—is, I imagine, not common with you, but you must remember that in the enlightened West woman is a free creature, whereas in the East she is behind the purdah. It is true that midway between the two we have escaped from the purdah, but its shadow still falls upon us. Besides, the gift of tongues is not a common one with British women, and the power to sway an audience is even rarer. A few have it, notably Lady Henry Somerset. It is pure pleasure to listen to the tones of her well-modulated, cultivated, persuasive voice, and it is obvious that she carries her audience with her. She does so, I think, mainly by her power of sympathy, though her finished oratory is no doubt a factor in the effect produced, but we have few like her. In the nursing profession our most notable speaker is without doubt Mrs. Bedford Fenwick. She is never at a loss for a word, her clear voice penetrates to the farthest corner of the building in which she is speaking, and whenever she speaks it is with a masterly grip of the subject in hand, which she always treats logically and convincingly. She has, moreover, a sense of fun which is a valuable asset in a public speaker, but fun is out of place on a battle-field, and just now in this country we nurses are fighting for our lives, for our right to live and breathe and think as a profession. Mrs. Fenwick is, of course, in the forefront of the fray, and her public speeches bear evidence of it. She speaks in grim deadly earnest, and the lighter vein rarely comes to the surface. When the fray is over and the victory is declared—as by all the laws of nature it must be declared—to belong to the progressives, other sides, and she is many-sided, will come uppermost.

"I do not think you must count on many *speakers* at the congress next year from this country. Miss Stewart, the public-spirited, generous-hearted matron of St. Bartholomew's, and president of the Matrons' Council and Bart's League, of course, and Miss Mollett from Southampton perhaps, but we have not many. Of listeners I hope there will be a goodly show.

"The formation of the International Council has shown us our need of a National Council by means of which we can be brought into touch with it. The Matrons' Council in October last passed a resolution empowering its executive to act as a provisional committee to consider the organization of a National Council of Nurses in view of affiliating with the International Council of Nurses. The executive appointed a sub-committee, which drew up a draft constitution, which was submitted to the business meeting of the council held at the time of the conference last July when many of the country members were in town. The debate upon it was most keen, and finally the constitution was referred back to the executive to be amended in accordance with the light thrown upon it in the course of the discussion.

"Another important step in the direction of nursing organization, which has been taken during the past year, has been the formation of the League of St. Bartholomew's Nurses by Miss Isla Stewart. It is the first association of the graduate nurses of any hospital in this country, where professional associations of women are by no means encouraged as a rule. The idea, however, when proposed by Miss Stewart was taken up most warmly, and already over three hundred graduates have joined the league. The qualification for membership is the certificate of the hospital, but, up to June last, a few nurses not holding the certificate, but who had filled, or who are filling, positions of responsibility in the hospital, were enrolled. The league publishes a small journal twice a year called *League News*, of which I am sending you the first copy.

"The Matrons' Council during the past year has brought before the Govern-

ment Departments concerned with the nursing of the sick the necessity for reorganizing these departments on modern and professional lines, and of placing such Nursing Departments under the control of a fully trained and experienced administrative nursing officer who should act in conjunction with the head of the Medical Department. A deputation from the Matrons' Council, which was accorded a courteous hearing, was received at the Admiralty by Mr. Austen Chamberlain, Civil Lord. The request to be received as a deputation by the War Office has so far not been acceded to, but there is little doubt that in the wholesale reorganization of the army which must come after the present war is over, the question of the Nursing Department, and more especially the organization of an effective Nursing Reserve, must come up. Complaints are made on all sides by the matrons of hospitals that no official inquiries have been addressed to them by the Committee of the Army Nursing Reserve concerning the qualifications and suitability of applicants for membership; indeed, the policy throughout seems to have been to ignore the assistance which those matrons acquainted with the work of the nurses were able to give, and would willingly have given. The consequence is that although much good work has been done many most unsuitable women have been sent out, who, if half the stories which reach home are true, will unfortunately do much to discredit in the public estimation the really invaluable services rendered by others. It must, however, be clearly understood that the haphazard shipping off to South Africa of some six hundred nurses, with no real superintendence, no central office at the Cape, and no superintendent-in-chief to whom these nurses could apply for assistance or advice, and who would have authority to deal with and send home any whose conduct was wanting in discretion, has always been strongly condemned by the matrons here. The War Office must, I suppose, learn its lesson, and a bitter lesson it is likely to be,—namely, the need of nursing, instead of social and medical, supervision and control in nursing matters, and the necessity for placing the discipline of women in the hands of women.

"There are other things of which I should like to speak. The Midwives' Bill, for instance, which, having passed its second reading, and having really some chance of getting through, was, strange to say, talked out by the member in charge of it. This is not to be regretted, for a bill giving legal status to practise midwifery to women with only three months' special training cannot be considered satisfactory. It met with very little opposition from trained nurses, who do not seem as a body to understand how prejudicial it is to their own interests. This is partly due, I think, to the fact that so few of the matrons of our hospitals are certificated midwives, and while they realize the futility of the three-months' midwife, they do not recognize the necessity of including obstetric training in the curriculum of training of every nurse, and so putting a better article on the market. Whether every nurse should be required to have obstetric training before graduation is a very debatable question; personally I am inclined to think she should. But at least she should be *encouraged* to acquire it as an extra qualification, and should not, as is too frequently the case now, be obliged to sever her connection with her training-school in order to get it at a special hospital. The outcome of this is that we want a bill, not for the registration of any one class of specialists, but for the registration of medical, surgical, and obstetric nurses. It is a curious fact that persons who support the former will vehemently oppose the latter, though how they can logically maintain such a position is difficult to understand. However, we are getting percep-

tibly nearer to registration, and this war is doing much to open the eyes of the public to the necessity for it. On a future occasion I hope I may have the opportunity of giving you some more details as to nursing affairs in this country. Wishing your journal all success and prosperity,

"I am, dear Editor,

"Yours cordially,

"UNION JACK."

"ATLIN, BRITISH COLUMBIA.

". . . As you know, when we first came here no hospital was thought of. We were supposed to nurse the sick where we found them, in their cabins or tents. We did this to some extent, but some were on the creeks miles away, others were destitute; some place must be found for these.

"The government put at our disposal a log cabin with a saw-dust floor and one small window which would not open.

"By crowding, as many as four beds could be accommodated in this cabin, but more room was needed, so a tent was put alongside of it, which had the luxury of a real floor, and while the nice weather lasted we got along very well. When winter came the thermometer ranged between thirty degrees and forty degrees below zero. Yet the discomfort from the cold was not as bad as that experienced on days when it snowed outside and rained inside the tent. Certainly it was not an ideal place for patients. Finally, it was determined to build a hospital which could belong to, and be under the control of, the Presbyterian Church in Canada. At this time men were idle, and all work on the building was given free. The value of the labor thus given amounted to over a thousand dollars. A debt was incurred for materials, etc., which we hope our Eastern friends will help us to wipe out.

"The hospital is a plain wooden building, containing one large ward, a bath-room, and a small room which we use either as an operating-room or as a private ward. At the back is a tent kitchen; a fine range and cooking utensils were given us; they are a great comfort. One of the churches in Victoria sent us a dozen pairs of blankets, sheets, pillows, and pillow-cases, and things are assuming quite a hospital air. . . .

"We have found the climate less trying than we expected, and have not suffered the least little bit from all the cold. We are both in splendid health, and manage to get along quite comfortably without many of the luxuries and so-called necessities of life. . . .

"HELEN BONE."

[Miss Bone and her colleague, Miss Mitchell, are Canadian nurses who went out to the Klondike a year or so ago.—ED.]

[MISS MACDONNELL, assistant superintendent at Roosevelt Hospital, has kindly sent us letters and reports of the work of her sister, who is in charge of the nursing in the Mission Hospital at Neyoor, India.

Accounts of Miss MacDonnell's work appear from time to time in the "Chronicals of the London Missionary Society."—Ed.]

". . . It was in October, 1892, that I first went out to take charge of the nursing department at Neyoor. In Trevandrum, the capital, there is a well-equipped government hospital under a European doctor, and in various places throughout the State there are branch hospitals and dispensaries with native apothecaries in charge. Of late years the government has been encouraging Hindu women to train as apothecaries and nurses by offering scholarships for their maintenance. The Neyoor is a general hospital with wards set apart for women. It had at first thirty beds. Since I am here eight beds have been added for isolation cases, eight maternity beds, and two for private patients. Before we came, nursing, as we think of it, was practically unknown. The friends of the patients came with them, and in their own way did what nursing they could. Even yet we have not reached the point of being able to dispense with the presence of these friends entirely. Fifteen or twenty often insist on remaining with one patient, and families consider themselves strictly dealt with when not allowed to keep all their food stuffs, cooking utensils, firewood, and even chickens under the bed, and do their cooking at the bedside or on the veranda. We have considerable difficulty in training native women in nursing. It was thought too degrading for a respectable woman to clean and attend the lowly and destitute. Besides, the fact that hospital work meant a more or less public life kept them back; it is altogether contrary to social customs to allow women to work outside of their own homes. For this reason we can only get rather elderly women, certainly not younger than thirty-five. Meantime we are encouraged by having frequent requests from the more enlightened Hindus for one of our nurses to come and stay in the house to carry out a doctor's orders, and we see that a few years' training has made some of our nurses into capable and helpful women. . . . We aim at educating a band of nurses for Travancore such as will compare worthily with our own District Nurses at home.

"Margaret MacDonnell."

The committee of the London Hospital now require all accepted probationers to sign an agreement to remain four years in the service of the hospital. The certificate of training is granted at the end of two years, but the four cannot be completely filled up as evidence that the nurse has fulfilled her engagement to the hospital until the expiration of four years from the date of her entrance into the wards.

Two London nurses, Miss Morgan and Miss Dickinson, were sent from the hospital to Copenhagen to study the method of applying Dr. Finsen's light treatment for the cure of lupus, as the London Hospital proposes establishing a department for this new treatment. Four patients can be treated at one time by one apparatus. Each patient is required to have either sunlight or electric light applied daily. The treatment takes an hour and a quarter, and the undivided time and attention of a nurse is needed for each patient while the treatment is going on.

CHANGES IN THE ARMY NURSE CORPS

CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON GENERAL'S OFFICE FOR THE MONTH ENDING OCTOBER 12, 1900.

ABEL, ROSE E., nurse at Fort Myer, Virginia, near Washington, promoted to be chief nurse at the same place September 15.

Annan, Lucy C., nurse, appointed August 24 by the chief surgeon, Division of the Philippines, and assigned to duty at the First Reserve Hospital, Manila, Philippine Islands.

Ashen, Sarah, nurse at Fort Bayard, New Mexico, transferred to the General Hospital, San Francisco.

Barkley, Mary, nurse, arrived from the Philippines on transport September 24, transferred to the United States Army General Hospital, San Francisco.

Bates, Mary, nurse at United States Army General Hospital, San Francisco, ordered home for annulment of contract. Left hospital September 30.

Bauer, Mrs. Christiana M., nurse, reported at the Tientsin Hotel Hospital, Tientsin, China, August 18, and transferred to the United States General Hospital, Tientsin, China, August 28.

Beecroft, Laura, chief nurse at Fort Bayard, New Mexico, ordered to duty in the Philippines as nurse, to sail October 15.

Bowles, Rosa L., nurse, reported for duty at the First Reserve Hospital, Manila, Philippine Islands, August 20.

Brady, Genevieve M., nurse at United States Army General Hospital, San Francisco, ordered home for annulment of contract. Left hospital October 1.

Brown, Mrs. Jessie M., nurse, reported at the Tientsin Hotel Hospital, China, August 18, and transferred to the United States General Hospital, Tientsin, China, August 28.

Buchanan, Mrs. Frances L., nurse at Convalescent Hospital, Corregidor Island, Philippine Islands, ordered home for annulment of contract. Left hospital August 26. Left San Francisco October 1.

Buckley, Mary Ellen, nurse, reported for duty at the First Reserve Hospital, Manila, Philippine Islands, August 20.

Call, Sylvia, nurse, reported for duty at the United States General Hospital, Tientsin, China, August 4.

Cleveland, May, nurse, reported for duty at the United States General Hospital, Tientsin, China, August 18.

Duckworth, Lottie B., nurse, on transport duty from the Philippine Islands, reported at the United States Army General Hospital, San Francisco, September 24.

Fletcher, Mary C., nurse at the General Hospital, Santiago de Cuba, ordered to her home for annulment of contract. Left hospital September 24.

Friton, Emily, nurse, reported at the United States General Hospital, Tientsin, China, August 4.

Gemmil, Sarah M., appointed as nurse for duty at Fort Myer, Virginia, September 14.

Hanbury, Anna A., nurse, reported at the United States General Hospital, Tientsin, China, August 18.

Harroun, Mary I., nurse, reported for duty at the First Reserve Hospital, Manila, Philippine Islands, August 20.

Hasemeyer, Augusta D., nurse, reported for duty at the United States General Hospital, Tientsin, China, August 4.

Henig, Louise F., nurse, transferred from Dagupan, Island of Luzon, to Santa Mesa Hospital, Manila, Philippine Islands, August 18.

Howard, Carrie L., nurse at United States Army General Hospital, San Francisco, transferred to the Philippine Islands. Sailed October 2.

Hughes, Clara E., nurse, on transport duty from the Philippines, reported at the United States Army General Hospital, San Francisco, September 24.

Kemmer, Alice, nurse, reported for duty at the United States General Hospital, Tientsin, China, August 4.

Killiam, Lena E., nurse, reported for duty at the United States General Hospital, Tientsin, China, August 18.

Kinney, Mrs. Dita H., nurse at the United States Army General Hospital, San Francisco, transferred to Fort Bayard, New Mexico, and promoted to be chief nurse, October 1, in the United States General Hospital there.

Koller, Mabel M., appointed nurse September 24 and assigned to duty at the United States Army General Hospital, San Francisco.

Lane, Effie, nurse, on transport duty, left San Francisco on her return to the Philippine Islands October 2.

Lasswell, Ida H., nurse, reported for duty at the United States General Hospital, Tientsin, China, August 4.

Lee, Nora, nurse at Fort Bayard, New Mexico, contract annulled September 24.

Lippert, Ida D., reported for duty at the United States General Hospital, Tientsin, China, August 4.

McCarthy, Theresa E., nurse, reported for duty at the United States General Hospital, Tientsin, China, August 4.

McKelvey, Mary J., nurse, appointed September 26 and assigned to duty at the United States Army General Hospital, San Francisco.

McNaughton, Bessie B., nurse at Cabana Barracks, Havana, Cuba, promoted to be chief nurse at the same hospital September 17.

McRae, Henrietta, nurse, reported at the United States General Hospital, Tientsin, China, August 4.

Martin, Katherine E., nurse, reported at the United States General Hospital, Tientsin, China, August 4.

Martin, Nora B., nurse at the United States Army General Hospital, San Francisco, contract annulled August 31.

Meiselbach, Rose, chief nurse at General Hospital, Santiago de Cuba, ordered to her home for annulment of contract. Left hospital September 24.

Mickle, Rebekah, nurse, appointed September 24, assigned to duty in the Philippine Islands. Sailed from San Francisco October 2 in charge of party on transport Hancock.

O'Donnell, Anna E., nurse at Cabana Barracks, Havana, Cuba, annulment of contract has been authorized.

Pringle, Martha E., nurse, Fort Bayard, New Mexico, transferred to the United States Army General Hospital, San Francisco.

Purves, Mary O., nurse, reported at the United States General Hospital, Tientsin, China, August 4.

Roth, Anna Grace, nurse, reported for duty at the First Reserve Hospital, Manila, Philippine Islands, August 20.

Rourke, Louise R., nurse, reported for duty at the First Reserve Hospital, Manila, Philippine Islands, August 20.

Smith, Stella, nurse, reported for duty at the First Reserve Hospital, Manila, Philippine Islands, August 20.

Snyder, Nellie L., nurse, lately at First Reserve Hospital, Manila, Philippine Islands, contract annulled September 15.

South, Margaret Hay, nurse, on transport duty, left San Francisco on her return to the Philippine Islands October 2.

Valentine, Minnie I., nurse, reported for duty at the First Reserve Hospital, Manila, Philippine Islands, August 20.

Weathers, Eloise M., nurse, on transport duty from the Philippine

Islands, reported at the United States Army General Hospital, San Francisco, September 24.

Whelpton, Sarah, nurse, reported at the First Reserve Hospital, Manila, Philippine Islands, August 20.

Yeakel, Katharine, nurse, transferred from the First Reserve Hospital, Manila, to Calamba, Luzon, Philippine Islands.

Young, Agnes G., nurse, reported for duty at the United States General Hospital, Tientsin, China, August 4. Appointed by the commanding officer of the hospital to act as chief nurse.

[NOTE.—Orders to nurses in the United States are issued by the surgeon general, and orders to those in the Philippines or Cuba are generally issued by the chief surgeons of those divisions. Chief nurses in the United States and Cuba are appointed by the surgeon general, but the authority to appoint chief nurses in the Philippines has been delegated by him to the chief surgeon of that division. Contracts are made and annulled by the surgeon general unless otherwise noted.]

EDITOR'S MISCELLANY

THE secretary of the American Society of Superintendents of Training-Schools for Nurses has sent the following circular to the members of the Society:

"October 4, 1900.

"DEAR MADAM:

"The answers received by your secretary from the members of the society, relating to affiliation with the Associated Alumnæ for purpose of entering the National Council of Women, show that affiliation is approved. Seventy-one affirmative and two negative replies were received. Members sending no answers were largely those who are at present not holding hospital positions. Of our new members several who had not been at the meeting preferred not to vote. The choice of president and first vice-president to carry out details with the affiliating organization was also practically unanimous—one or two members desiring it to be understood that this is an arrangement for the current year without force in the future. Your secretary has therefore notified the secretary of the Associated Alumnæ of these facts, and the correspondence with the National Council of Women will now be left to the committee representing the superintendents and the alumnæ. Letters received from Mrs. Gaffney, president National Council, show that the annual executive session of 1900 will be held in Minneapolis, November 13, 14, and 15, and we are urged to have representatives there, two being allowed for national organizations. This would give us each a delegate. The president of a national organization or her proxy is usually one of these delegates. In our circumstances the societies would no doubt try to send Western members who are near to the place of meeting.

"Your secretary's work on this matter is now at an end.

"Respectfully submitted,

"L. L. DOCK.

"By order of the President and Council."

THE following circular letter has been sent to the officers and councillors of the Superintendents' Society and the Associated Alumnæ:

"INTERNATIONAL COUNCIL OF NURSES, October 4, 1900.

"MY DEAR ——

"You will remember that at the convention meetings in May last the formation of an International Council of Nurses was laid before you for your approval and support, and that, in the proceedings of the Provisional Committee, the following resolution was found:

RESOLUTION PASSED BY BRITISH DELEGATES.

"'That in the opinion of the British members of the Provisional Committee, the organization of nurses being more fully developed in the United States of America than in any other country, it would be of great professional benefit if a

meeting of the International Council of Nurses could be held in the United States in 1901 to celebrate the new century.'

"'Proposed by MRS. BEDFORD FENWICK.

"'Seconded by MISS ISLA STEWART.

"'It would be an opportunity to hold an International Congress of Nurses at the same time.'

"The suggestion to hold a Congress of Nurses fitted in well with the proposed Pan-American celebrations, to be held in Buffalo next summer, and was cordially endorsed by the Buffalo Nurses' Association, at whose invitation the two national organizations of nurses will meet in that city. As, however, the Buffalo Nurses' Association desired it to be made known that they would assume nothing beyond local management, the International Council of Nurses at the meeting in July of this year designated two American members, Miss Snively and Miss Dock, who had been elected respectively treasurer and secretary, to form a committee which should undertake the work of convening a Congress of Nurses. These two members believe that no better or more representative committee could be found than one composed of the officers and executives of our two societies, viz.: the superintendents and the alumnæ.

"Will you consent to serve on such a committee? The undersigned urge an early and affirmative reply.

"With cordial greetings,

"M. AGNES SNIVELY,

"Toronto General Hospital.

"LAVINIA L. DOCK,

"265 Henry Street, New York."

A LITERARY CLUB

DURING the summer months the nurses of the Hospital for Sick Children, Toronto, by way of increasing their interest in their profession, formed themselves into a Literary Club. The aim of this society was a four-fold one: first, for the graduates to continue their studies systematically; second, for the nurses in training to accustom themselves to advancing their own theories and sustaining them by their arguments; third, for the probationers to give them an idea of what good knowledge was in store for them; and, fourth, for all to increase, if possible, the spirit of good-will among the nurses.

One of the number was chosen as president, whose duty it was to preside at each meeting. Three others were formed into an "Information Bureau," which had charge of the programme for each meeting. The club met once a fortnight, and during the season many good papers were prepared and read by members, some of the subjects being "Pneumonia," "Complications of Pneumonia," "Diphtheria," "Croup," "Ethics for Nurses," etc.

By way of variety we had debates and question drawers, the latter proving very interesting and beneficial, such questions as, "Discuss the Relative Merits of Ointment and Powder for use on Excoriated Surfaces," "The Individual Duty of the Nurse in the Ward," "The Care of Rubber Goods," "The Relative Merits of Carbolic and Bichloride of Mercury as Disinfectants," etc. All were sorry when the summer was over, as the club had proved to be so interesting that it was considered a means of recreation. C. F.

ROCHESTER CITY HOSPITAL ALUMNÆ ASSOCIATION

THE annual meeting of the Rochester City Hospital Alumnæ Association was held in the assembly-room of the Isabella Graham Hart Home on the afternoon of Tuesday, October 9, Miss E. Langstaff, the president, in the chair. The attendance was unusually large and the principal business of the afternoon was the election of the following officers: President, Miss Elizabeth Connor; first vice-president, Miss Elizabeth Frick; second vice-president, Miss R. A. Sercombe; recording secretary, Miss Phœbe Bush; corresponding secretary, Miss E. C. Sanford; treasurer, Miss Sophie Tytler. A vote of thanks was extended to the retiring officers.

MONROE COUNTY MEETING

THE regular meeting of the Monroe County Nurses' Association was held at the Homœopathic Hospital, Rochester, New York, September 25, Miss Allerton, first vice-president, in the chair.

Miss Kinghorn sang several songs very charmingly. Mrs. William A. Montgomery gave a talk on the "Profession of Smoothers." Mrs. Montgomery held her audience spellbound for three-quarters of an hour. She was followed by Miss Damer, of Buffalo, who spoke at length on the formation of the New York State Society. Miss Hollister was elected a delegate to go to Albany when the initiatory meeting should be called.

The secretary reported the completion of the arrangements for the affiliation with the Local Council of Women. Miss Sanford, chairman of the Committee on Ethics, read her report, but it was decided to postpone the adoption of the report until the return of the president. The meeting adjourned and refreshments were served on the veranda.

It was altogether a very enjoyable occasion.

JULIA E. BAILEY,
Secretary.

NEW CLUB AT POUGHKEEPSIE, NEW YORK

A NEW club has been organized at Poughkeepsie, known as the Dutchess County Graduate Nurses' Club. Miss Elizabeth S. Burroughs is president and Miss Mary J. Blass, secretary.

NEW YORK STATE MEETING

NOTICES of the proposed State meeting have been sent to all organized nursing societies of the State and to all superintendents of training-schools where there are no alumnæ societies or nurses' clubs among the graduates, asking them to interest themselves in forming clubs from which delegates may be sent to this meeting.

A. DAMER.

INTERNATIONAL COUNCIL OF NURSES

AMONG the conventions scheduled for next summer in Buffalo are assemblages of women's clubs and other similar organizations, which the Pan-American Board of Women managers will be expected to look out for.

The nurses of Buffalo are represented on this board, and no proposed meetings are arousing more general interest than the International Nursing Congress which will assemble there next September. It is stated that arrangements are under way whereby the Pan-American Exposition management may lease part of the Women's Union Building for use by women's conventions during the Exposition period.

It will prove an ideal place for such conventions, having a fine hall and commodious committee rooms, and is in every way adapted to the purpose.

A. D.

COMMITTEE MEETING

THE Committee on the Revision of the Constitution of the American Society of Superintendents of Training-Schools for Nurses held a meeting at the Westminster Hotel, in New York City, September 25, at eleven-thirty A.M. There were present Miss M. E. P. Davis, Miss Anna L. Alline, Miss Alice T. Twitchell. With the exception of an intermission of three-quarters of an hour for luncheon, the committee worked diligently until four P.M., when they adjourned to meet again in November.

ANNUAL REPORT

THE annual report of the American Society of Superintendents of Training-Schools for Nurses can be obtained by applying to the secretary, Miss L. L. Dock, 265 Henry Street, New York City; the price is fifteen cents, which includes postage. This report contains much of interest to all nurses and to all those interested in training-school and hospital matters.

DISINFECTING APPARATUS

Is there such a thing as a disinfecting apparatus that can be operated in connection with an ordinary hot-air furnace for the disinfection of mattresses, blankets, and woollen clothing?

"SMALL HOSPITAL," care of the Editor.

CORRECTION

IN the October number of the JOURNAL, in the report of the meeting of Spanish-American war nurses, the statement that Dr. McGee was elected by acclamation is an error. The election was by ballot, Dr. McGee receiving fifty votes and Miss Hibbard four.

MISS HIBBARD IN CUBA

MISS M. EUGÉNIE HIBBARD sailed for Cuba September 29 in response to a cablegram from Major Greble, offering her the position of superintendent of the Training-School for Nurses at Matanzas, Cuba.

[We regret being obliged to go to press without the second instalment of Miss Hibbard's very interesting paper, "With the Maine to South Africa."—ED.]

Obituary

DEATH OF MISS ELLEN M. WOOD

At a special meeting of the Johns Hopkins Nurses' Alumnæ Association, held August 15, a committee was appointed to draw up the following resolutions:

"Once more it is our sad duty to record the loss of a valued member of our Alumnæ Association.

"On August 9 Ellen M. Wood died of typhoid fever at Copenhagen, having gone to Europe to obtain a much-needed rest. After graduating in the Class of '95, she returned to her home, leaving behind her a splendid record of work done throughout her whole course of training. From this time on, while not neglecting her part in the duties of home life, she devoted herself to district work in her immediate neighborhood and in the city of New York, especially among the colored race. How broad a grasp she had obtained of social and economic questions was appreciated by those who heard her speak at the last general meeting in New York. Hers was a charity that knew how to uplift as well as to relieve. But to her friends and associates, and to those to whom she ministered, beyond all her talents there stood forth the personality of the modest, unassuming, loving, and truly lovable woman.

"Her cheerfulness made everything bright around her; her patience overcame impatience; her rare intuitive sympathy and tenderness called forth all that was best in others.

"Her friends will miss her sorely. In her death many of the suffering poor have lost their best friend. To us her life on earth seems all too short; but her work still lives.

"Signed on behalf of the Association,

"Anna E. Rutherford,
"Helna Barnard,
"Mary E. Lent."

In Memory of Helen D. Cochron

"The first and only nurse who has passed into the 'beyond' in the Philippine Islands was Miss Helen D. Cochron, who died August 12, 1900, at United States Army Hospital, Iloilo, after five days of intense suffering.

"She was a graduate of the Children's Hospital, San Francisco, California, Class '98. She spent the last two years in army work, and was among the first to offer her services for these islands, sailing from Honolulu in March, 1899.

"With the exception of the time spent on transport duty to the United States and return, her services were rendered in the First Reserve Hospital, Manila. July 23, at her own request, she was transferred to Iloilo, now her resting-place.

"Her funeral is said to be the largest, next to General Lawton's, held in these islands. Her casket was carried on a caisson with the American flag over it, two major surgeons and four assistant surgeons acting as pall-bearers. The regiments with band acted as escort, followed by her sister nurses and hospital corp men.

"At the grave a salute was fired and *taps* played.

"Miss Cochron was always a favorite among the nurses in her own school and in the army. One of the lovely things she always remembered to do was to call on the new nurses who arrived from the States, tired from their long journey and thinking *home* was a long way off. She always brought cheer and comfort with her, telling of the better side of army life.

"Though her body lies in these islands, we may look to meet her in the 'Home' where there is no parting.

"ANNIE A. ROBBINS,
"Chief Nurse,
"Santa Mesa, United States Army Hospital,
"Manila, Philippine Islands.

"August 24, 1900."

INSTRUCTIONS TO CONTRIBUTORS

IN sending contributions for publication use eight-by-twelve single-sheet paper when possible.

Write only on one side of the sheet, leaving a margin of an inch at the top of each sheet and one-half inch at the sides. Number pages.

Put titles of articles at the top of every page.

Give the name and address of the writer and sender plainly written.

Make all explanatory notes to the editor on separate sheet. Long articles should be typewritten when convenient.

Subscriptions should be made payable to the order of the J. B. Lippincott Company and sent to the AMERICAN JOURNAL OF NURSING, 624 Chestnut Street, Philadelphia, Pennsylvania.

THE EDITOR

During the first quarter of a century of the nursing profession, if so we may be allowed to call it, the controlling power of the schools has been, and is now, in the hands of physicians and laymen. During this time the trained nurse has become a recognized factor in medicine and surgery, and an indispensable attendant in the homes of both rich and poor in times of sickness.

Having been for so long a time a recognized force, one would expect that intelligent citizens, at least, would be thoroughly informed as to her proper qualifications. On the contrary, the public are wofully ignorant in regard to the education and requirements of the modern trained nurse.

Any professional man attempting to establish himself in a strange community finds himself obliged to furnish some guarantee, other than his own word, that he is what he pretends to be.

But let any woman go into a community, adopt a nurse's uniform, and call herself a trained nurse, and her statement will be accepted without question by the majority of physicians and the public at large. She may say truthfully that she has received her training in such and such a hospital. She is not required to show her diploma, and need not explain that her "training" may have been that only of a rejected probationer, a discharged pupil for cause, or as a laundress, ward maid, or waitress, her residence in a hospital giving her a certain familiarity with the routine of institution life which enables her to effectually deceive a credulous and confiding people.

Men and women of intelligence are beginning to ask questions that give us hope for the future. We hear questions like this: "What is the need of all this organization among nurses? What do you hope to gain by it?" "We are hearing a great deal of talk about higher education, progress, etc., among nurses. Haven't you schools enough? There are no class of women so busy and so well paid as good nurses."

First we have to recognize the fact that a training-school is the cheapest kind of service that a hospital can obtain for the care of its patients; consequently it is a good financial investment for the institution. The pupil in return for her training gives, with the exception of a few instances, from a nine- to twelve-hour day, involving heavy manual labor, with great nervous strain, and performing for the hospital duties

involving great responsibility not only in the saving of life, but in the care of the expensive hospital equipment.

It is not difficult to understand how the training-school privilege has become so much abused when we consider the great numbers of women who are clamoring for admission to the hospitals for this training. In too many instances, where the institution is poor or where it has been established for commercial purposes, the nurse is worked to the limit of her capacity, while the systematic, practical, and theoretical instruction is disproportionately small. If she is a bright, well balanced, intelligent woman, she absorbs a certain amount of knowledge which she is able to use to advantage in private nursing. Such a woman, with natural dignity and tact, becomes a valuable nurse. Nearly all of the pioneer women of the profession received their training after this manner during the first few years of training-schools, but that period has long since passed. At the present time, the woman to whom we are referring soon becomes conscious of the limitations of her instruction, whereas, if she had served her time in a school of the first grade, she would have become the mistress of her profession. This one successful woman stands in the proportion of one to a hundred in the great numbers who are graduated from all sorts and conditions of so-called schools every year. These women, imperfectly trained after their long, hard service, have been defrauded of their just dues. They have given of their time and strength, but have not received the compensation which is justly theirs.

The remedy for this state of affairs will only come through the efforts of the nurses themselves. Registration, with its two great principles, must bring the needed protection,—first in giving a better training to the nurse of the future, followed by protection to the public and the regular graduate against those same "rejected probationers," "laundresses," etc., who are now free to masquerade in a nurse's uniform. This is the burning question of interest with the British nurses as well as those of America. It may be to some a hackneyed subject, but until registration and the principles involved become a reality, it will be the *alpha* and *omega* of our text.

At the great International Congress of Women held in London last year neither of our national organizations were represented by an official delegate. By invitation, the names of four women identified with the nursing interests of this country were on the programme.

We can hardly agree with our "regular London correspondent" that the gift of oratory is to be found in greater proportion among the nurses of America than with the nurses of Great Britain. Of course, the United States was represented in the general congress by many of

its greatest women orators, Miss Susan B. Anthony, Mrs. May Wright Sewall, and the Reverend Anna Shaw being recognized before the world as women of exceptional brilliancy as public speakers; but in the nursing section and at the annual meeting of the Matrons' Council, which we also had the pleasure of attending, we were impressed with the fact that the gift of public speaking was quite as evenly distributed among the English nurses as it is with us. They have a few brilliant orators; so have we; but the masses of the nurses in both countries, who are plain, executive, hard-working women, find it difficult to express their views before an audience. Moreover, our "regular correspondent," drawing her conclusion, perhaps, from the four women referred to, may not have known that three of those women were British subjects. Our own Miss Dock, God bless her! did us proud upon that occasion, but the grace of oratory of the other three must be accredited to the mother country.

THE study courses for our alumnæ associations are being organized for the winter, and one of the subjects universally popular, not only among nurses, but in women's clubs and societies of every description, is that of parliamentary law. We are inclined to think that in too many instances individuals and societies give up the study of this subject when they have mastered the principles of the conduct of a public meeting.

We think there is great need in our nursing societies for more careful study of the duties of officers and members of committees. We are too much inclined, in our busy life, to leave the important work of our organization in the hands of a few, who are naturally leaders and burden-bearers. We believe in the frequent changing of officers and members of committees. With a more thorough knowledge of the duties of officers and committees, a greater number would feel competent to accept office. We should avoid the danger of getting into a rut, of narrowing instead of broadening our influence for good, and effectually prevent our organizations, both local and national, from degenerating into what is known in politics as a "machine." We would like to suggest that this portion of the subject of parliamentary law shall receive greater consideration during the coming year.

THE AMERICAN JOURNAL OF NURSING has become a reality, and is receiving praise far beyond our fondest expectations. It is, of course, desirable that the subscription list shall be increased as rapidly as possible, and subscribers wishing the first number must send their names to the publishing house soon, as the first issue is rapidly becoming exhausted.



CHRISTMAS IN A HOSPITAL

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ORIGINAL COMMUNICATIONS

CHRISTMAS IN A HOSPITAL

By FLORENCE M. ANGELL

THERE were sixteen children in the pavilion, and each one had been asked what he or she wished most to have. The night before Christmas we found the air full of that mysterious expectancy which belongs to Christmas Eve. The walls were hung with ropes of evergreens, and Christmas wreaths, sent by their ever-thoughtful friends, decorated every bed. Harry, the little boy who for two years had been confined to his bed, was going to enjoy the Tree *this* year from his own point of view, instead of being on his back as heretofore. He had evidently given the new boys an idea as to what to expect on the morrow, and all were jubilant, for the experience of the Christmas Trees had made him, in the estimation of the other children, a most important personage. I should have said all but one were jubilant, for the boy whose only request had been a tool-chest was in a good deal of pain. I said, "Do you think you could get to sleep and forget the pain if you knew you would surely get that tool-chest in the morning?" "I am sure I could," was the reply. Then the secret was whispered in his ear, "It's on its way here now," and as we left the room he called out brightly, "I'll be all right in the morning."

Christmas morning the children were moved into the nursery, while the Tree was hung with electric globes of many colors, gorgeous balls, strands of the Christ-Child's hair, and presents of every description. By noon the committee, with some of the house doctors who lent a helping hand, pronounced the Tree perfect.

At four o'clock the children were arranged in their beds and chairs in a semicircle before the Tree, and all who have tried to dress children for a party, when they were dancing with excitement, will realize what the nurses had gone through in making sixteen little ones so pretty and attractive for *their* party. Many pretty garments sent from various homes, the gifts of thoughtful mothers, were gotten out for the occasion and added not a little to the brightness of the scene. The rest of the room was entirely filled with the friends of the children and those most warmly interested in the hospital, and the nurses.

The carol, "It came upon the midnight clear," was very attractively sung by the nurses, after which a kindergarten teacher, whose interest in the children has been shown many times, told a story of "'The Stately Fir-Tree' that stood out in the country grieved and dejected because each of its neighbors had had something to give to others from the fulness of their autumn fruits, while it alone was barren.

"One morning men came and cut down the unhappy tree, and carried it to a city and into a large room where there were little children; and it found itself on Christmas Day laden with just the kind of fruit children love best; so it was no longer unhappy, because it had felt the pleasure of having something to give to others."

The children listened with rapt attention, and this story bore fruit on the following morning, when a new child was brought into the pavilion, for when the nurse said, "Children, what are we going to do, —this little girl has had no Christmas?" be it proudly recorded that one child said, "She can have my doll with the eyes that open and shut;" another said, "She can have my game of bicycle," and so on until the new-comer had fared quite as well as the others. Verily, the story had not been told in vain. But to return to our narrative.

The strains of that always beautiful Christmas hymn, "Adeste Fideles," filled the room. The voices of the two nurses sounded very sweetly in the duet for soprano and contralto, and then at the moment when all the voices took up the last refrain, the Tree apparently sprang into being, ablaze with light and beauty.

Never before had so many people remembered the hospital children. Packages and bundles came from far and near containing just the things that boys and girls like best.

Dolls, baby carriages, games galore, iron toys, fire-wagons, ice-wagons and buckboards, with a tool-chest—yes, the tool-chest was there, and as it was laid beside the owner on his bed, it was a self-evident fact that one boy's dearest wish had been realized. This proved to be Johnny's last Christmas on earth. During the months that preceded his death, his tool-chest was his dearest possession, and he never

wearied of shaping blocks of various sizes until his little arm grew too weak at last to hold the required tools. It lends a deeper interest to the Christmas work for these little ones when we realize that in many, many instances it is to be their last Christmas.

The children in the contagious pavilion across the lawn were not forgotten, but had a miniature Tree to themselves, a fac-simile of the large one, candles being substituted for electric lights, and dolls, games, books, etc., hung on its branches; and although shut off from parents and friends, the day was not without its joy.

As the presents were distributed it became apparent that Santa Claus had not stopped with the children, for doctor and nurses were obliged to respond to their names, and more often than all was the name of the superintendent called, until one of the trustees kindly stepped forward to her assistance, for her arms were full. This also the children enjoyed heartily, for they are very fond of their best friend.

Those of us who can recall a ringing voice at home, vigorous with bounding health, go to these little ones with a peculiar sympathy. To many of them the memory of such a Christmas goes through life, and their association with the hospital becomes one of pleasure rather than of pain.

Those who spend their lives in caring for sick children bear witness to their marvellous patience under suffering. We are told, and it is true, that suffering is a discipline, and if bravely borne brings strength of character; but theologians and philosophers, both alike, are dumb before the sufferings of little children. There is but one answer—God certainly loves them far better than we do. We should esteem it a great privilege, when He gives us the opportunity, to alleviate the pain that children have to bear.

ADDRESS OF DEAN RUSSELL BEFORE THE SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES, NEW YORK, MAY, 1900

LADIES: When the proposition was made by your committee a year or more ago that we should consider some form of advanced training for nurses, the whole subject was so new to me that I scarcely knew what to do or which way to turn. Since that time I have been rather industriously visiting hospitals and making inspections from the outside with a view to securing some notion of the scope of your work. I must confess that I was ignorant of what was expected of the superintendent until I had seen with my own eyes some of the work which you are doing; until I had seen that, I could form no notion of what was expected from you.

As I look into it more and more, I confess that I am surprised that it does not differ to a greater degree from the work which we are called upon to do in so many lines of educational activity.

In the first place, the Teachers' College is not a normal school in any sense of the term. Normal schools are State institutions to equip teachers for work in the public schools of the State. Our work, if it could be characterized at all in connection with these, is to train teachers for normal schools. That involves many lines of work aside from that of public education. So far as our work touches the normal school at all, it is as a special preparation for teachers who will go into normal schools to instruct those who are to become teachers. We make a requirement for admission of a complete normal training, or so much of a college course as may be necessary to enter on the advanced work we have to give. That sets the pace for the institution and puts it above the normal school. That same standard we are trying to maintain in all other work which runs beyond that of the public school. We have advanced training for those going into kindergarten, primary, or elementary public schools and for those going into high schools. But it is all of an advanced grade, rather than what would be given in a normal school. You can see the reason for that.

There is no use of university education coming in competition with the State schools. Our work is limited, even though it does take in this broad scope. Our work is narrowly limited, because it is impossible that there should be any such number of teachers qualified to become teachers of normal schools, or superintendents or supervisors of schools, as there are of teachers actually engaged in the class-room. That at once limits the scope and the nature of our work.

Besides this work which relates to public education, we are carrying

on courses in fine arts, domestic art and domestic science, and manual training. This brings us in touch with all phases of public-school education.

Many of those who take our course in domestic art go out as teachers in mission schools as missionaries. We have at present three daughters of foreign missionaries now taking that course who are expecting to return to that work. They are taking art, manual training, cooking, and domestic art work with a view of introducing industrial education among the people to whom they go.

At the same time we are looking to the training of specialists who will go out as supervisors, or, as frequently happens, to reform and industrial schools. I have had applications for widely different types all the way from the Florence Crittenden Home of San Francisco,—where a woman was wanted to take charge of the rescue work,—to women wanted to take charge of cooking and sewing in the House of Correction in Rhode Island. We have received an application within a week for a teacher for the feeble-minded, for work among the defectives. We have sent one or two to the George Junior Republic at Freeville, New York, where they work with street arabs from New York. We have four or five at Hampton, Virginia, where they are devoting themselves to the problem of industrial and normal training for negroes. I mention this to show that the work which we are trying to do has many phases. It is because the scope of our work is so large, and because we have so many special lines of work, that it is at all possible to take over this work of yours. I am not sure, as the course develops, but it will be necessary to work out one or two new lines, as your needs may suggest. But I am very confident that for many years to come, until your profession, as well as all teaching professions, shall have advanced far beyond the stage of to-day, the work that we shall be called upon to do for you will be what we are giving to others,—dividing it differently, giving some special term to it, to meet the peculiar needs which are to be found in this particular work.

I want to say a few words regarding the problem of training teachers in general. There are two kinds of professional training which can be given. I mention two, but it is difficult to draw the line between vocational and professional work.

In the first place, the world needs people who can do thoroughly well things within a certain sphere, carpenters, stonemasons, etc., as well as contractors, builders, and architects. It frequently happens in our industrial economy that the work which one person or one class of persons is called upon to do can be done as it ought to be done, thoroughly, only when a major portion of the man's or woman's life is devoted to that specific operation; when it requires a high degree of skill or manual

dexterity, then it is possible to acquire that only by long practice. The laws of habit are so fixed and depend so much on the physical substratum that you cannot expect a man or woman to come into that class of work immediately. It needs tremendous training and a great deal of it. This training, which is founded on habit and must obey the laws of habit, almost always comes under leadership, and it is strange to see how far this can be followed. Think of ancient Egypt, for example, where some of the best work that has ever been done was done, training not only for industrial pursuits, but for statesmanship, for military service, for the fine arts. All this training was of the nature of which I have been speaking. It was founded on habit and developed through practice. It is the wonder and despair of the modern world that the ancient world, as we know it, should have done so much; that it should have been possible thousands of years ago to quarry those massive blocks of stone, to transport them hundreds of miles, and to build them into the pyramids with joints so nicely fashioned that it is impossible to insert a penknife blade after these thousands of years. We recall with what difficulty even in this age Cleopatra's Needle, one of those massive blocks of stone, was transferred to New York. The men who did that work so accurately, and who kept on doing it for thousands of years through their descendants, were men trained in the school of experience, and yet always under a master, that master telling them first of all what to do, and then carrying them through every gradation of their work. The result, you will see, is eminently satisfactory from the stand-point of workmanship. One reason why we have so much trouble in industrial life is that our workmen are so incompetent. There is strike on strike, friction between capital, as we say, and labor, between employer and employed, because the employer is conscious of the fact that the workman is not doing as he ought to do. The skilled workman who can do the thing just as it ought to be done, and do it on time and accurately, is not striking; he has steady employment as a rule.

All are losing something of what has gone before, the apprentice system,—the long apprenticing of boys and girls to master workmen, where they are brought under the immediate supervision of those master workmen for from three to five years. We must have the essential characteristics of this kind of training. The apprentice system for vocational and professional work has covered ninety-nine per cent. of all that has ever been given.

When you think about it, what is it? Let us analyze it. In the first place, you have the apprentice and the man who knows; the one who wants to learn and the one who has the skill at hand so that it can be transferred to the other person. What is done first of all? The master

workman puts before the apprentice the ideal of what is to be done. That may come in the form of a model, in the form of a drawing, in the form of a statement of what is to be done. At any rate, the teacher tells the pupil what is to be done.

In the next place, he shows the pupil how to do it. He shows him how to handle the saw or plane, and guides the hand until the proper motion is made, the proper attitude of body is secured, and he will give him some directions. He shows him what to do, how to do it, and, third,—just as important,—he sees to it that it is done, and that it is done in the manner shown and to reach the end desired. And he insists upon it and insists upon it, hour after hour, day after day, year after year, until the habit is fixed. That is the gist of the apprentice system, training founded on habit which begets this definite, precise workmanship, on which ninety-nine per cent. of what has been done in the past is based. We have abandoned it to a large degree, and yet it is all about us. How is it with the girl in the home? As she grows up she is required to do a certain thing, is told how to do it, is shown how to do it, and year after year that girl is trained, if trained at all, in doing it. Think of the making of bread in the homes all over this country. The necessity for economy, the tastes of the family, the traditions in the family, the customs there, determine that the girl shall do as her mother does, and so the mother is watching that she does not waste anything and that she does every-thing just so. The daughter follows in the steps of the mother in the house, and the son follows in the steps of the father on the farm.

Think of what happens in our business affairs. Everywhere we see that there is training by experience, practical experience, which is apprentice training. Even when the person does it himself unaided, he must have some motive to do something worth doing, something to spur him on until a habit is fixed. When you sum up life and realize how much of what we are depends on this apprentice way of doing things, you will be inclined to think that much of the best part of workmanship is dependent on this apprentice method. We cannot put it aside. It is something for us to use in a higher way when that way becomes possible.

I have spoken of the advantages. It has enormous advantages,—the advantages of accuracy, of precision, of definiteness. It has another great advantage. When you look at the individual who is a master workman as a result of this training, you find that he does his work with little expenditure of energy. That is an advantage to him, and he can do it much more quickly. Think of riding the wheel. Think of the energy spent the first few times you tried to mount. You put work and muscle enough into that little machine to drive a factory and you felt it in your muscles the next day, but after a few weeks of trial the ease with which

that is accomplished, the small amount of energy required, is simply surprising.

But there are disadvantages; first of all, it tends to narrow the individual's horizon. If one's life is guided by habit, as the thing becomes easier, as he gets to do it better, this is strange, but true, he gets to do it with less thought, with less consciousness. That is where the ease comes in. The spinal cord takes care of it, and the brain knows nothing about it unless something goes wrong. The higher part of the man is quiescent. So in time it narrows the individual unless there is some other inspiration, some outside attraction that can be brought in.

There is, however, a still greater loss from the stand-point of society at large, and that is a certain stagnation. As this apprentice system is brought up to a certain standard, individuals will be brought up to that standard, and just so surely will they be stopped there. The mother is not going to permit the daughter to try elaborate experiments, because she cannot afford it. The master workman does not permit his apprentice to experiment with the work he has to do, because the work he has to do is something that must not be spoiled. More than that, the superior master dominates the inferior at every stage, and it is an extraordinary case when the inferior rises superior to the master. As a class of apprentices they are brought up to a certain level and then stopped.

When any considerable number in society reach that stage we have a stagnant civilization. It was for that reason that it was possible for Egypt to maintain its dead level of social life for four or five thousand years. It is the same reason that has made it possible for China to keep on that level for more than four thousand years. It is because of the apprentice system ingrained there.

You can apply this to professional life. You can apply it to your own work. You can apply it to teaching. It is necessary in every vocation, I take it; it is certainly necessary in every profession that there be standards of excellence, and that every one, so far as possible, who is engaged in this work shall be brought up to that standard of excellence; that he shall be able to do certain things thoroughly well; that he shall know exactly how to do them, and shall be kept in training until he shall do them almost automatically.

That suggests that the greater part of the training for any profession must be on the apprentice order,—that is, any profession that takes in the whole scope of the work. You may improve them. Think of the physician. The physician is not a professional worker in the sense that he has all to do. The physician occupies a position which is quite unique, in which he is merely superior and inspector of something to be done. His work differs from the teacher's work in that. He touches

the patient at certain definite times. He occupies the position of supervisor. He is not, like the teacher, in constant touch with those who are to be benefited by his ministrations. That shows that while it is necessary in even the physician's profession that he shall have certain technical skill and a great deal of it, it is always in a certain line. He must have the clinical work, but it must be given under the form of apprenticeship, under the immediate supervision of the superior directing the matter.

Take your own work. You are brought in immediate contact with the patient and are compelled to be with that patient, where the physician only touches him at stated intervals. It falls to you to do certain things; you have to do those things quickly, accurately, precisely, in a skilful manner always. You are successful in your professional work just in proportion as you can do those things well. There is no way of gaining that skill and precision and definiteness except by the apprentice system of training so long as we are constituted as we are. It must be done in that manner. There must be someone to tell you what to do, to show you how to do, and to insist upon your doing it in this prescribed manner, until you have acquired the habit of doing it easily and successfully.

Is there anything more, then, in the profession? If that is all there is to any profession, it makes that professional work, or tends to make it, a stagnant profession. It may last a long time and be very accurate and workmanlike in all that it accomplishes, but it will stand at a certain level and remain there indefinitely. It is only when there are those who can rise superior to it, who can see what is to be done from the outside and can carry it to a higher plane, that progress for the profession as well as for the individual is brought about.

It is not for the rank and file of the teaching profession that we are working. It is for the few who can spend time and money in raising themselves to the next higher stage, that they may better themselves and help the profession on. So we cannot take over the training of nurses. That must be done in the nurses' training-school and very largely on the lines which I have suggested. That is inevitable. But it is also necessary that those who are to teach should not be as blind as those who are being led, lest they both fall into the ditch. For those who are to teach, who are to look to the raising of the profession, must have a training superior to those who are with them in the profession. They must go beyond that which they have achieved in order to bring the pupils up to and beyond the industrial or apprentice grade.

After four or five years the apprentice can often do just as good work as the master and is capable of earning good wages. But that is not professional. That does not provide for professional advance. Some-

thing beyond must come in. I am not certain what can come in in this case, but I take it that one thing that we can do is to train teachers to be better teachers. That is to apply in behalf of the teaching this apprentice principle. I think it would be an immense advantage to the teacher to know what those principles are and how to apply them if you are to get the best results. That is a part of the course. It must naturally save a great many mistakes and shorten much the period of apprenticeship to have an able teacher. We all know that.

You have your training now. You come into ward management after some years, when you have acquired some eminence in your work, and then you are called upon to teach. You may be removed five to ten years from your own training when you are called upon to do teaching, and it is not to be expected that teaching under those circumstances will always be very good. The teaching power is to a large extent a gift. There is no amount of training that can make a good teacher out of a naturally poor teacher. If the teacher is not a pretty good teacher to start with, or has not the teacher's gift, the teacher's sympathy, you cannot make a teacher of him by teaching. It is hopeless. You can make a good teacher a better teacher by training, and it is for that that the teacher's training-class comes into play.

There is another course which would be valuable. All of us who go through the various stages of professional work, beginning at the bottom and working up till we are able to take a commanding position, are hampered by the fact that our horizon is limited, is narrow. We can see farther when we look up than in any other direction. A person who has worked in this position and learned to do it well, and goes into another position and learns to do that well, is not in the best imaginable position to take *a commanding* place, because he may not have a wide horizon. It must be that in a great establishment like a hospital, where you come into such immediate and intimate contact with people whose occupations are widely different from yours, a wider outlook is the great essential. So a course has been provided for hospital management. We find similar courses necessary for superintendents of schools. It is absolutely necessary for any person who, having come through various stages, finds herself in a position to take a commanding place.

Then there are the scientific principles on which all professional and vocational work rest. You are dealing with the sciences of physiology and anatomy and hygiene, with principles of chemistry in cooking and sanitation, with principles of physics in many instances in practical ways, and there ought to be an opportunity of making special studies and special investigations. A familiarity with the field must be gained if the professional work is to be added to the vocational. I do not know

of any better way of drawing the line—which I said I would not draw—between the two than this. If the work that has to be done is work that can be done effectively and efficiently by the apprentice system, I think then you have a vocation as a result. If, now, that vocation is of such a nature that the person who is engaged in it has time and ability to go farther, can reach fundamental principles, can come to understand the foundation-stones of that structure, is capable of seeing this work of the vocational stripe in its true perspective, and understand why it is so and why it must be so and ought to be so, and then has the additional knowledge or genius of knowing when to put in a peg here and peg there on which you can hang something more, then the work becomes professional. Progress is dependent on successful experimentation in new lines. This is a thing that we often forget. It can never be haphazard work. It is just as essential that the inventor see the principle of his invention before he tries to realize it as that he should know the material that he is to work with. You cannot experiment unless you know something of what you expect to accomplish. When Elias Howe conceived the idea of running a thread through a loop and bringing that up through the cloth, there was the sewing-machine. It was all done in that one idea, or the idea that lay back of it. He could not have formulated that in his mind unless he had been familiar by personal training with some other kind of sewing or mechanics involved in the operation. That known, he could experiment in other directions and with other materials.

Not until a nurse is in a position to imagine new situations and new ways of doing things and new devices to accomplish what has been accomplished in some other way, not till she can see her way pretty clearly, is there any reason for experimentation. Experimentation before that time is wasting the flour and spoiling the batch of bread. Experimentation when the higher stage is reached depends upon the ability to see the things that have to be done and having the ability to apply the general principles involved in that work to the work that is in hand.

THE SOPHIAHEMMET IN STOCKHOLM

By LILLIAN D. WALD

In answer to inquiries made in reference to the Swedish nursing, we were told that the Sophiahemmet nurses of Stockholm occupied a place analogous to the trained nurse in America, and that though other orders of nursing sisterhoods had among them many women of education and culture, the Sophiahemmet had high educational standards with which all applicants must conform, and had therefore more uniform results. We called at the hospital and found cordial willingness to pilot us through the buildings and to answer all questions concerning the training system and history of the hospital.

The present Drottning (Queen) Sophia in 1884 organized a small class of young women in Stockholm and secured the services of a graduate of one of the London hospitals as their instructor. In 1889 the Sophiahemmet Hospital was built, primarily to give the nurses a practical training-place of their own, and about the same time a very attractive, prettily furnished, and altogether refined house for their residence. The conditions of admission require high educational and physical ability, age of from twenty-one to thirty-five years, and the profession of the Protestant religion. Upon admission the applicant pays two hundred krone (a krone being about twenty-eight cents United States money), and is called a probationer for eighteen months and a "proof" nurse for the next six months. Upon satisfactory completion of the two years of service she is presented with a diploma and may wear the Sophiahemmet cap (white with black velvet band) and the pin (silver Maltese cross with S. H. monogram), but her connection with the institution does not cease unless she so desires. The nurses



THE SISTERS' SITTING-ROOM



A BANDAGING LESSON

usually remain under orders from the directress, and though under no vows, subject to her direction and guardianship.

The directress was not at home when we made our visit, and the pleasure of meeting her was denied us, but she is spoken of affectionately as an exceedingly capable executive and of fine education. Though not a trained nurse, she has obtained good theoretical and practical training for the hospital pupils.

Besides work in the Sophiahemmet, principally used for private operative cases, the nurses go to the large Serafimerlasarettet,—an extensive and well-equipped general hospital,—to the ophthalmic, lying-in, and contagious hospitals. The class and lecture work is confined to the first year, and includes lectures in the theory of nursing by a nurse, anatomy, surgery, materia medica, and hygiene by different physicians, and a Bible class conducted by the pastor.

During these two years of training the nurses receive no stipend, but receive board and one suit and one apron a year. After this they are called Sophiahemmet Sisters (unless they choose to sever their connection, in which case the cap and badge must be given up), and receive three hundred krone a year, two gingham suits, and two aprons. The salaries they may earn go to the Sophiahemmet, and from their three hundred krone they are obliged to give twenty-five krone yearly towards their pensions. The Sophiahemmet nurses are evidently in high standing in the community, and the ninety-nine women enrolled in its membership since its beginning direct many and varied posts, as the following table shows:

Allmänna barnbördshuset	2
Asylet för Pauvres Honteux	1
Barnsjukhuset Samariten i Stockholm	1
Borgerskapets änkehus	1
Domnarfvets sjukstuga	1
Eksjö lasarett	1
Epidemisjukhuset i Stockholm	7
Epidemisjukhuset i Norrköping	1
Falu lasarett	2
Helsingborgs lasarett	1
Hernösands lasarett	1
Kalmar lasarett	2
Karlstads lasarett	3
Kronprinssessan Lovisas Vardanstalt	2
Lassby distrikt	1
Lenningska sjukhemmet i Norrköping	1
Ljusne sjukstuga	—
Malmöhus läns sjukv.-inrättningar i Lund	5
Nadhammars konvalescent-och hvilohem	10

Sahlgrenska sjukhuset i Göteborg	2
Serafimerlasarettet	14
Sophiahemmets sjukhus	8
Stockholms sjukhem	2
Tyska församlingen	2
Umea lasarett	1
Varbergs lasarett	1
Vänersborgs lasarett	1
Västerviks lasarett	1
Växjö lasarett	1
Visby lasarett	2
Ögonsjukhemmet i Stockholm	3
Privatvarden i Malmö	5
" i Göteborg	3
" i Stockholm	19

We were impressed with the culture and capability of the women we met, and the wards and school gave evidence of progress and of excellence in management.

I LIVE to hail that season,
By gifted minds foretold,
When men shall rule by reason,
And not alone by gold;
When man to man united,
And every wrong thing righted,
The whole world shall be lighted
As Eden was of old.

I live for those who love me,
For those who know me true,
For the heaven that smiles above me,
And awaits my spirit too;
For the cause that lacks assistance,
For the wrong that needs resistance,
For the future in the distance,
And the good that I can do.

—GEORGE LINNÆUS BANKS.



A SISTER'S ROOM



OPERATING-ROOM IN THE SOPHIA HOSPITAL

NURSING IN DENMARK

By CHARLOTTE NORRIE
Councillor of the International Council of Nurses

When the International Council of Women summoned its second quinquennial meeting in London towards the end of June, 1899, women met from all quarters of the globe to hear about the doings of other women, to learn from others how to carry out their work, hoping that greater unity of thought, sympathy, and purpose might advance the best good of humanity.

But we are not always able to meet and hear. The women who met at the International Congress are now in their own homes, busy at their own work, and now, if ever, the desire to be able to communicate by means of the press will make itself felt, and a new journal like this will be heartily welcomed. I have been asked to tell something about nursing work and conditions in Denmark, and I shall do my very best, sending all good wishes to this as to any other step promoting the women's cause and the nursing profession.

Denmark? Probably Americans know but very little about this little country on the other side of the Atlantic, and yet we Danish people think that our dear "Old Mother" is well worth hearing of; we feel it a duty to tell others that we are Danes and that we hope that our country will be Danish forever.

Denmark is a little country, as you may easily see on the map. The population numbers two million five hundred thousand, and about four hundred and sixty thousand of them live in Copenhagen. It is an old country and the Danish vikings were wild warriors; but nevertheless one of the virtues which they appreciated most in their kings, and of which the Saga often tells us, was: "when he touched a wound the blood did not flow any more, and the wound healed." After the battle of Lyrskov Hede, towards the middle of the eleventh century, King Magnus the Good gathered the chieftains around him, and went from one to another and took their hands, and those of them whose hands were soft he chose to attend to the wounded. From several of them medical families descended.

In Iceland we hear about the same time of a woman who took care of the wounded. Haldora was "a fair woman and she had a good temper." When she was a girl she was spoken of as the best match, for she was rich and her kinsmen were mighty, but still more she was admired as "a woman of great intellectual faculty and of a lovely mind."

Once enemies attacked her husband and her sons, and they fought a deadly strife. Then she gathered the women of the house and said to them,—

"Let us go and dress the wounds of the warriors, be they friends or foes."

She found, herself, the chieftain of the enemies; he had got a blow on the shoulder so that the lung might be seen, but she dressed the wound and stayed at his side all day to nurse him, and finally he recovered. This happened about the year 1000, some years before the peoples of the North adopted Christianity, and it was not until 1863 that the treaty of Geneva saw the light!

Simple as these tales are they have much to say to us. That Haldora was so happy as to see her patient recover from such a severe wound, she must not only have had good luck, she must have been well trained in the noble art of taking care of the wounded. Moreover, we hear that she was one of "the best women" of the country, and when King Magnus the Good would choose some men to attend to the wounded he sought and found them among the chieftains,—among "the best men."

Times are changing. In the year 1625 Denmark took part in the War of Thirty Years, and as there was much illness among the troops, two field hospitals were erected. The managers of these hospitals were instructed to engage one woman for every ten patients, and these women apparently belonged to that class of nurses who predominated until Elizabeth Fry and Frau Fliedner heralded a new nursing era, in which "the best women" may once more take place at the side of the sick-bed.

Times had changed and the class of nurses also. Was the same work intrusted to women in the hospitals of the seventeenth and the eighteenth centuries which they had performed in the tenth century? I do not think so! It had dropped out of the hands of women, as we learn from the most excellent regulations of two Danish field hospitals erected in Holstein in 1758 during the War of Seven Years, these regulations being modelled after those of some French hospitals.

The hospitals were to contain respectively two hundred and three hundred beds. One inspector, two head-physicians, four surgeons, and ten surgical students were appointed, six to eight orderlies were directed to the hospitals, and six women were engaged; and "the housekeeper shall engage as many strong and healthy married women as the head-physician deems necessary to keep the lodgings of the patients clean and to do the laundry-work."

So evidently in 1758 as well as in 1625 it was deemed expedient to exclude women from field hospitals.

From the above-mentioned regulations we further learn what work was left to these women.

The women had to "keep the lodgings clean" and to "do the laundry-work." "Every morning, one hour before the doctor's visit, the women shall take out all close-stools, bed utensils, and spittoons and cleanse them well." "If a very weak patient or a man severely wounded should catch vermin, the women shall often comb his hair and make him clean."

But the regulations have more to teach us. The head-physician paid a visit every morning and evening, and more frequently if he deemed it necessary. He was accompanied by the surgeons and by the surgical students, and the latter had to administer the medicine in the presence of the head-physician, that he might the better control the effect of it, and that it might be prevented that the medicine be spent for other purposes than for the benefit of the patients! The medicine prescribed for another hour of the day was to be given by the surgeon or by the student. "If a man be severely wounded, the surgeon shall pay a visit once during the night to alleviate his pain and to supervise that the surgical student on duty is present, and that the orderly is also present and takes care of what he has to do."

The surgeons prepared all the dressings and dressed the wounds. They changed the poultices, used the catheter, gave enemata, etc., and they waked at nights. To-day the nurse is intrusted with most of this work. But the number of the nurses has not increased proportionally to their work.

Times changed once more. Florence Nightingale converted the civilized world to believe in woman's ability to call order out of chaos,—if she is trained for her work!—and at the same time the educated woman felt that if she had no home of her own, as unmarried women seldom have, the hospital might be a field of labor where she might be useful to her fellow-creatures less healthy and less fortunate than herself.

In this spirit Professor Ludvig I. Brandes, M.D., read a paper at a conference of Scandinavian medical men. In 1863 our late Queen Louise established a deaconesses' home at Frederiksberg near Copenhagen, and their beneficial influence soon made itself felt. But not every lady who wished to take care of the sick would submit to the regulations of this religious sisterhood, and thus during the seventies the first ladies took up the calling of hospital nurses.

It may be that unscrupulous women may have been found among our old nurses, though certainly most of them were kind and honest women. But they were untrained and uneducated, and this fact explains why the "new nursing system" was welcomed by most doctors and by the

patients. Though no training-school was erected, everybody hoped to be better understood by the more refined, the more educated "new nurses."

We have in Denmark many hospitals, almost all of them belonging to the counties or to the state. They are eagerly sought by the patients, and generally you will hear but words of appreciation with regard to the nurses. They are conscientious and kind, and they do their best to carry out the prescriptions and to observe the patients, though it is a double difficulty for them, as, having no school, they have to "discover" everything for themselves. We have had no nursing-school till a year or two ago, if we may, after all, say that we have a training-school for nurses at this very moment.

But honor to the women who do their duty kindly and patiently under circumstances which might be termed discouraging! Reform is needed. It is a pity that women who do their utmost to be helpful to their sick fellow-men should live in anxiety, and how can you be comfortable when you do not feel quite sure that you have done the thing as it should be done?

How will you explain the fact that the nurses have not asked for a school?

Well, they are overworked, they have not sufficient brains left to work out plans nor to make a stir in the matter. Their hours on duty are too long: twelve hours night duty, fourteen hours a day, with only time left for meals and one hour during the day for a walk or a rest. And very often, almost every day, the nurse has to do overwork if she will finish what she has been ordered to do.

We must admit that overworked nurses are not able to work out plans for better training, etc., and as it is almost impossible for others to suggest what will be the very best, I think the first thing we must work for is "shorter hours," hoping that when nurses are no more overworked they will be able to introduce all other necessary reforms themselves.

As to the remuneration for her work offered to the nurse, it is—at least in the metropolis—as good as that of any other bread-winning woman. She has lodging and board from the day she enters the hospital, and after a few months she has a small salary, raising as years go on, and after fifteen or twenty-five years' service she is entitled to a pension. As soon as the nurses will be thoroughly trained they may try to obtain a higher salary, and no doubt every well-founded wish will be granted to them.

About thirty years ago the above-mentioned Professor L. I. Brandes founded a sick club and provident club for nurses, but, as was quite

natural at that time, on semi-charitable lines. Since then other legacies, sick clubs, etc., for nurses have been established, and towards the end of July, 1899, Danish nurses associated in the organization of a Danish Council of Nurses, with the express resolution of joining the Danish National Council of Women and the International Council of Nurses. But unfortunately the reactionary party got hold of the administration of the Council, and nothing has been heard since then of affiliation to either the Council of Women or to the Council of Nurses. Yet many Danish nurses, when they heard of the plan of international organization of nurses, grasped the idea most enthusiastically, and so we may hope that in one way or other Danish associations of nurses may be represented in the International Council of Nurses.

When nurses fully realize what benefit they may derive from organization, both national and international, when they realize the great support which they can obtain from the woman movement, then the conditions of nursing work in Denmark will become satisfactory, but not till then.

THE OBJECTS OF THE GRADUATE NURSES' ASSOCIATION OF CLEVELAND

By M. HELENA McMILLAN, B.A.

The objects of the Graduate Nurses' Association of Cleveland are plainly stated in the constitution, which claims that the organization has been formed "to promote mutual benefit, to stimulate an active interest in nursing affairs, and to co-operate with such movements as will tend to establish a high and just standard for the nursing profession."

We seem, indeed, to have made a brave stand—our ideal is a high one. But whether we have been brave in reality, or merely ignorant in thus binding ourselves to the rather undeterminate purport of the several clauses of this portion of the constitution, remains to be seen. Having then practically pledged ourselves to attain certain standards, our first duty naturally would be to find out to a nicety what we have promised, what we are actually aiming to accomplish, so that, as well as working conscientiously and energetically, we may work intelligently towards, and not around, our desired goal.

The first of the series of our pledges is "to promote mutual benefit." By the word promote is meant to contribute towards or advance the growth or prosperity of any undertaking. In order to do that, we must give from ourselves and of ourselves a part—smaller or greater

in proportion to the result which we wish to obtain. What is given or how much is optional must depend upon the desire and upon the weakness or strength of the individual. There, however, the option ends—that we give in one way or another is a necessity, if we would contribute towards or promote mutual benefit.

But besides being a necessity, giving is a pleasure and the natural inclination of mankind. What would we do with our possessions, our gifts, ourselves, if we did not give them? Why do we live, if it is not to give?—not rashly nor promiscuously, so that all may be used at first and nothing left for a possible greater need, but intelligently and in such manner that the recipients in turn may be enabled to give, and that the donor may be strengthened for subsequent demands.

In a society such as ours, composed of women with considerable diversity of education, manner of living, and individuality, there should be little difficulty in choice of contribution. We may give of our money, of our time, or of our thought. Each of us must devote to the association a limited amount of money. If one or more members be rich in this world's goods, and it seem wise to assign a larger portion of the monthly or yearly income to the uses of the association, their contributions might take that form. Each of us, again, must give some time to the society. Our mere presence at the monthly meetings is not sufficient. Most of us are so situated that we may give more—and much more—time to the association than one hour monthly, and contribute our mite in that way.

But those who cannot give much money or much time can give thought, and by their earnest, interested consideration for the welfare of the association may become the most useful and valued contributors, and may do most towards promoting mutual benefit.

The character of the benefits received by its members through such an organization as ours may be variable indeed. Our constitution demands that the benefit should be mutual, but beyond that condition we are free to decide what form it may take, whether it shall be restricted to one class or be free to all.

That the advantages accruing should be of a professional nature would be natural from its membership; that, in addition, it should be of social, financial, intellectual, and even moral assistance to individual members would make the organization a stronger and more useful one.

We may ask, "How are all these advantages to be obtained?" First, by the mere fact of our union. By it we at once strengthen ourselves, for, from being an indefinite number of individual nurses, scattered and unrecognized, we become a body of women organized in a business manner and representing the graduate nurses of the city.

In order to do this, however, the union must be a union in reality. When union takes place, it implies a joining together of two or more things or persons resembling each other. In this association we are all similar in that we are all nurses with a certain necessary standard of graduation and of professional reputation. If we would be assured that this union of nurses will prove advantageous to the individual member and of use to the public, we must see to it, each one of us, that our society admit none but those who will maintain or add to its present dignity; we must see that its present members by their individual irreproachable reputations make a combined reputation which is also irreproachable.

Much as we would like to be generous, to throw open our doors to every woman who calls herself a nurse; much as we would like to help her along and draw her up as we ourselves ascend, we cannot afford to do it; our duty towards the society will not allow it. If in this one point we fail, if we do not establish and maintain a careful and correct discrimination of applicants for membership, instead of accomplishing our object and uniting in such manner as to draw respect from others and gain assistance for ourselves, we will, by recognizing women without professional or other standing, in the eyes of the public lose that standing which we already have.

However, the good reputation of the association depends not only upon the careful choice of new members, but also upon the continued, unbroken record of honorable, professional behavior among those who are already recognized members. This being the case, it is the duty of the individual member to see, first, that her own professional dignity is beyond question, second, that the standard demanded by the association is maintained by all its members.

Each of us should realize that this is a duty which we owe to ourselves and to each other if we would maintain the reputation which it is essential a woman and a nurse should hold.

On the other hand, a spirit of petty fault-finding and criticism of each other must be carefully avoided. Let us aim to be generous, merciful, cautious in dealing with the individual, but just, wise, and prudent in acting for the greatest good of the whole. In order to do this we must know what our standard is: we must learn what professional behavior the association expects. The only way to do this is to study carefully, individually, and collectively the "ethics of nursing." We must find out what we each of us mean by the "ethics of nursing." When we know our own views on the subject, we must compare them with the ideas of the other members, discussing the different opinions thoughtfully and fairly; then, having conscientiously studied the subject from

all points of view, we must so combine the varying conclusions as to form the matured decision of the majority.

When we have accomplished that much, each member is in a position to know what she must demand from herself, what she must expect from other members, in order that each may live up to the requirements of the association.

There are innumerable other ways in which the members of this association may help themselves and each other. For instance, by trying to be businesslike in our methods of conducting the society and meetings we will teach ourselves much. We will learn to be punctual, so that the meetings may begin promptly at the specified hour. As each point of business is brought before the meeting, we will learn to express our opinions briefly and to the point, without hesitation or delay, so that the business and programme of the day may be accomplished, the interest of the members may be retained, and the meeting itself brought to a close promptly at the time specified.

All this, however, means that each one of us must make an effort to take part in the meetings. If we would learn these things, we must seize the opportunities as they come. At first, without doubt, we will make mistakes, we will be distrustful of our own ability, and hesitate about undertaking our share. But if we would learn, we must make a start. Even if we do make mistakes, what does it matter? We are all learning together—besides, we must remember that she who makes the greatest effort, she who does the most work, is apt to learn most, and in the end to profit most.

The formation of this society, again, gives us an opportunity of comparing notes with other nurses, of asking advice on points which are doubtful, of telling experiences which may be of help to others.

One advantage offered by the association which we must all fully appreciate is the privilege of meeting and working with women who represent the modern trained woman and graduate nurse. The nurse whom we have met and known in our school societies was the unfinished pupil, with the thoughts and actions of the pupil. Our society now introduces us to that pupil two, ten, twelve years later—matured. She is much more interesting, for she is farther advanced in her training; she is much more instructive, for her training has broadened into the unlimited experience of life. In this society there should be found members who have made such good use of the lessons of life, who have so developed and grown, that by their mere example they will stimulate the rest of us to aim higher and to reach nearer to our ambitions than we have as yet been able.

As the society grows it will broaden in its aims, but even with its

present limited scope, if we accomplish what has been enumerated, we will surely do much towards promoting mutual benefit, we will give a reasonable excuse for our existence.

The second undertaking which our constitution obliges us to consider is that of "stimulating an active interest in nursing affairs." This again opens to us a wide field for offering assistance to others and, as a result of the effort, of developing ourselves.

Many of us are already possessed of a sort of vague, passive, lazy interest in nursing affairs in general. We don't know just how much or how little is meant by "nursing affairs," but as long as we are not bothered we are quite willing and even anxious that whatever touches nurses or their work should be managed successfully. We like to know that there are women who devote their time and thought to these same affairs. It is quite out of our province, however, for we haven't time to take from our own especial work and pleasure to help along the work as a whole.

But this is not the kind of interest our constitution demands. It specifies that the interest should be an active one. It must be an interest which will cause each member to find out what is comprised in "nursing affairs," to study each separate division carefully, to think of it herself and talk of it, so that others also may be interested.

The number and diversity of subjects closely touching the nurse and her work are so great that there is provision for every need, there is selection for every taste. These subjects, again, are changing and widening so rapidly, the field of the nurse is growing so quickly, that before it is time to weary with their study from one point of view they themselves take a step forward and compel us, in turn, to advance and work out the problem from the new stand-point.

In a paper such as this it is not possible to do more than enumerate a few of the many subjects which are to-day waiting to be solved by the nurses of the country. We might place first on our list one upon which we will soon be able to speak with authority—that is, local associations. Buffalo, Chicago, and possibly one or two other cities have been ahead of Cleveland in organizing, but not very much so. It remains for us to demonstrate not only to our own city, but to those in our State what a local association of nurses may do.

Then we have the alumnæ association and the national alumnæ association, the superintendents' meetings, the preparatory school for superintendents, the new magazine managed by nurses, nurses' clubs and nurses' homes, nurses' settlements, nurses' registries, nurses' fees.

Other points open for discussion and solution are the duty the nurse owes to the public, to the health of the community where she

resides; her relation to the charitable institutions of the city; the variety of opportunities open to the good nurse; institutional or private nursing; office work; district and hourly nursing and the duties involved in each; the time a nurse on private duty should take for rest and air; how this time shall be obtained; who shall relieve her and be responsible for the patient during her absence; financial investments advisable for the nurse; how to treat the experienced nurse who is struggling to live but is not always so merciful towards her patients. We might go on indefinitely. There are dozens of subjects which must be of interest to nurses who wish to keep up with the times and not develop into mere machines.

Do let us keep ourselves awake; let us be intelligent women who realize in its true character the work which we have undertaken.

The third and last clause of the acknowledged object of our organization states that we are "to co-operate with such movements as will tend to establish a high and just standard for the nursing profession."

Of the three clauses this is the only one which limits us. By its wording it implies that not all results which may be represented as desirable are really for the true interest of the nurse and the best advancement of her work. It immediately puts us on our guard and warns us to avoid joining in any movements but those which we are morally sure will in the end benefit the nurse. Under these conditions, before we agree to work towards any result, before we take the first step in the matter, we must study it with the view of finding out what will be the real effect on nurses as a whole.

If we connect ourselves with every professional fad merely because we are invited to, if we are influenced by every persuasive voice, very shortly our energies will be expended and we will have accomplished—nothing. Worse than that, we may, by working in the wrong direction, not only waste our strength, but cause some calamity through our mistaken zeal.

How much more dignified if we, as a society, resolve to act on no question until we have studied it, not hurriedly, but slowly, deliberately, generously.

We are a body of thinking women, not to be led by one, by a dozen, but to work out for ourselves our own solution.

When we have formed our decision, let us stick to it until we are convinced that our reasoning has been wrong and our conclusions false.

Provided, on the other hand, our judgment tells us the object is one which will be beneficial, let us be generous in devoting ourselves to its accomplishment. Let us show ourselves a power—a society in deed and not only in name.

This last clause of our object in itself presents to us ideas and suggests thoughts which might easily fill numerous papers as lengthy as this one. For instance, it speaks of the high and just standard of the nursing profession. Does it mean high moral, high intellectual, or high social standing? Surely not the last, because nurses, as a whole, will never be recognized socially. The individual nurse who is ambitious for social recognition, provided she be socially qualified and willing to take the trouble to meet social demands, may obtain her wish.

As a class, however, the nurse represents the workingwoman and stands on a par with all other business women. Like other business women, she is working to earn her living by honest means.

The ambitious business or professional man wishing to make a success of what he undertakes does not think it too much to devote all his time, all his thoughts and energies, to that upon which he is engaged. The years and money he has spent or is spending in receiving necessary instruction in that one particular branch of work are not begrudged. He considers every expenditure in the form of an investment which in the future will bring forth interest in proportion to the amount invested.

Just so the nurse must realize that to obtain ultimate success in her work she must sacrifice everything but that which will assist in the necessary preparation. The qualifications, however, which are necessary to make the successful nurse differ from those of other business women. In a nurses' association it would be superfluous to enumerate these qualifications. For the sake of reaching our conclusion, however, allow me the privilege of repeating the well-known statement that, besides the practical and theoretical perfection which is essential for the nurse, there must be adaptability of temperament. Either the woman must be fortunate enough to possess a character which is strong in moral attributes, a mind which is above the average in intelligence, and a body which is healthy, or she must be endowed with a will power so strong and an inclination so unchanging that she is enabled to change and mold and soften the character, to cultivate and refine the mind, to strengthen the body and produce a habit of good health. Such being the case, we would probably be justified in assuming that our constitution speaks of a high moral and a high intellectual standing.

One other thought which the third clause of our object suggests is that much of our work will not show results immediately, but in the future. It reads that we are " to co-operate with such movements as will tend to establish," and so on. Each movement may be only one step towards attaining our desired goal, which may itself be far distant. This means that we are working not alone for ourselves, but for succeeding

generations of nurses. We sow the seed so that they may reap. This is a privilege which we should appreciate, and it is a duty which we cannot escape—if we would.

One of the leading educationalists of the day states that "the nineteenth century has given a wholly unprecedented recognition to the fact that the principal work of each generation is the training of the next—not merely the transmission of the world's ever increasing store of knowledge, but chiefly the development of power and capacity in the individual, so that the new generation may be clearly wiser and better than the old."

As women of the nineteenth century, if we wish to do women's work in the world we must listen to this edict. As nurses who are graduates of schools struggling to be recognized as educational institutions, we cannot afford to do otherwise than be guided by the voice of the representative educationalists.

With us, both as women and as nurses, there are opportunities for good to ourselves and to others which are almost unequalled in any other body of individuals. All we have to do is to seize these opportunities and to use them judiciously.

If we will it, this organization, starting in a small way, may send forth influences which will be far reaching, which will accomplish much for the nurse and the woman.

OBSTETRICAL EMERGENCIES

By HENRY D. FRY, M.D.

(Concluded)

The treatment of hemorrhage occurring before or during labor differs from the treatment when occurring subsequent to it.

Hemorrhage may take place at any of the months of pregnancy. It may be profuse and threaten the life of the woman or destroy the product of conception. Severe bleeding in the early months of gestation is usually followed by abortion or miscarriage. Occurring in the latter months, it may be due to the insertion of the placenta near the mouth of the womb.

The treatment of either emergency is the same, viz., to prevent the loss of blood by mechanically plugging the vagina. Every care in aseptic detail should be observed.

The best material for the tampon is sterilized gauze. This may

be inserted with a dressing forceps and thoroughly packed through a speculum around the cervix and filling the vagina to the vulva. A compress at the vulva and T bandage will complete the dressing. Should the nurse happen to be without the necessary instruments, the gauze can be introduced by placing the patient in the dorsal position with limbs flexed; separate the labiæ with the thumb and forefinger of the left hand and push the gauze into the vagina with the fore and middle fingers of the right hand. Or, better still, place the patient in Sims's position, retract the perineum with one or two fingers of the left hand, and insert the gauze with the other hand. Hemorrhage occurring during labor may be treated temporarily in the same manner.

But it is to hemorrhage after labor that the first importance must be given. The tampon here is useless and should not be employed as recommended in the treatment of bleeding before and during labor. It is possible to prevent the escape of blood mechanically, but the uterus being emptied, the bleeding may go on behind the tampon and produce a fatal result without the escape of a drop of blood externally.

These hemorrhages may be internal or concealed and external. To control either, the object of treatment must be directed to secure firm retraction of the uterus. The earlier the complication is recognized and treatment begun, the better the results. The pulse is the best index of danger. Examine frequently the pulse of the recently delivered woman, and the first evidence of hemorrhage will be an acceleration of the pulse. Examine the dressings, remove the binder, and grasp the fundus of the uterus. Massage the uterus, apply cracked ice, and give ergot. If the case does not respond to this treatment, give a vaginal douche of hot sterilized water. The temperature of the water should be one hundred and twenty degrees.

Begun promptly, it is seldom that further treatment is demanded, but should hemorrhage persist, the nurse should then insert the aseptic fingers or hand into the vagina and remove all clots. If forced to do so, she will be justified in inserting the hand into the uterus to clean it out and excite contractions by that means and external manipulation combined.

Another valuable remedy is the intra-uterine douche of hot sterilized water.

After having checked the bleeding, the next duty is to use certain general remedies to relieve the symptoms induced by the loss of blood from the system. Lower the patient's head and elevate the foot of the bed. Apply heat externally by the hot water bag or bottles. If the patient is not nauseated, give stimulants, whiskey or champagne, by the mouth.

In severe cases administer hypodermic injections of strychnine, nitroglycerin, or ether. To relieve restlessness, sighing, and shortness of breath, morphia, one-eighth of a grain, with a corresponding dose of atropia by hypodermic injection.

The best means to relieve the effects of the loss of blood is by the administration of the normal salt solution. This is preferably given by subcutaneous injection, but if the necessary apparatus is not at hand, one pint or one quart of warm salt solution may be given by high enema.

An emergency which frequently comes to the obstetric nurse is the occurrence of the birth of the infant during the absence of the attending physician. Under these circumstances, indecision or nervousness on her part brings demoralization to the household. A clear knowledge of her duties and a self-confidence in her own ability to rise equal to the occasion will bring gratitude from all concerned.

The indications to be met are:

First, the preservation of the soft parts of the mother;

Second, to secure firm contraction of the uterus;

Third, the delivery of the placenta, and,

Fourth, to secure the welfare of the infant.

First, the preservation of the soft parts of the mother refers to the prevention by limitation of laceration of the perineum during the exit of the infant. In over nine-tenths of all cases the head of the infant is born first, and the back of the head nearly always comes out immediately under the symphysis. Its expulsion is accomplished by the extension of the head; then following, eyes, nose, mouth, and chin successively pass through the distended opening. The prevention or limitation of the tearing of the soft parts is accomplished by forcibly preventing extension by pressure of the fingers on the occiput of the child. Also an important point is never to permit the birth of the head during the height of a pain, letting it come out as the pain is receding. The woman can be placed in the dorsal or left lateral position during these manipulations.

The English or left lateral position is preferable, as the parts are more readily exposed and necessary attention can be given more readily. Immediately after the expulsion of the head the nurse should pass one or two fingers up alongside of the neck of the infant to ascertain whether or no the cord is coiled around it. If so, she must draw down a loop and pass it over the child's head as many times as it is coiled round the neck. If impossible to do this, the cord must be cut, both ends secured, and the child delivered as soon as possible.

During the expulsion of the baby a very important duty is to grasp the fundus of the uterus and follow it down as it contracts. During the

subsequent steps the hand of the nurse or someone who can render assistance should be kept constantly applied to the uterus until all danger of hemorrhage is passed, and the mother has been washed, soiled bedding removed, and bandages are ready to be applied. By following out these rules we accomplish the second of these indications, to secure the firm contraction of the uterus. It is recommended, unless some reason exist against it, not to sever the cord until after the pulsations have ceased. Two ligatures are usually applied, the first about an inch and a half from the child's abdomen, the second one a little higher up, and the cord cut between them. The infant is now carried to a place of safety, warmly wrapped up, and made to lie on its right side. The nurse's attention must now be given to the mother.

It is well to rest awhile before attempting the third indication, the delivery of the placenta. Let the patient lie on her back with her limbs extended, and someone should sit at her side and gently rub the fundus of the uterus. If there should be no bleeding, the nurse may delay the attempt to deliver the placenta until the arrival of the physician, unless he be unduly detained. After a delay, varying from ten to thirty minutes, uterine contractions recur, and the placenta is then easily separated, and with a little assistance expelled. Never make an effort to deliver the afterbirth except during these contractions. Pressure and squeezing the uterus alone or combined with gentle traction on the cord will generally accomplish the result after a few trials. As the placenta is escaping from the vulva it should be caught by the nurse's hand and rotated a number of times in order to twist the membranes into a cord. It must be permitted to escape very slowly to prevent tearing and the tension of the sac. After this has been accomplished the patient should be allowed to rest before being cleaned and dressed. She should lie quietly in the dorsal position with her limbs extended, and friction should be kept upon the fundus of the uterus until it has firmly contracted and feels like a hard ball.

Finally, the last indication is to look after the welfare of the infant. First and most important is to see that respiration is established; the eyes should be washed out with boric acid solution, the mouth cleansed of mucus, and if the infant does not promptly begin to breathe it should be slapped with the hand or with the end of a towel wet in cold water. If it does not respond to this simple treatment, a bath of alternately hot and cold water or some form of artificial respiration may be resorted to. More confidence is placed in a hypodermic injection of whiskey or strychnine. Fifteen minims of whiskey may be injected, half into each shoulder; in a short time the color of the child will be changed to bright red, pulsations of the heart will be visibly increased, and usually respiration is quickly established. The strychnine may be given by the same method

in a dose of one two-hundredth of a grain, provided the infant is of full size and development; on a premature or delicate infant this amount may produce toxic effects. Efforts to resuscitate the infant should not be discontinued as long as any apex beat of the heart is visible or can be detected by sound or touch.

FORCED WATER IN CONNECTION WITH THE PREPARATION OF A PATIENT FOR GYNÆCOLOGICAL OPERATION *

By LOUELLA B. WARREN

A PATIENT who is put on the list for gynæcological operation undergoes the following form of treatment for three days at least before the operation:

Forced water.
Diuretics.
Intestinal antiseptics.
Active catharsis.
Light diet.
Daily baths.

Forced Water.—A pitcher of water is placed at the bedside, the patient being urged to drink all she possibly can. The large amount of water taken into the system not only flushes the kidneys, but it lessens the thirst of the patient after operation.

Diuretics.—Lithia carbonate, ten grains three times a day, is given in connection with the water. It serves to get the kidneys, or first excretory organ, into good working order. Lithia carbonate sometimes nauseates, and in those cases potassium citrate, twenty grains four times a day, is given.

Intestinal Antiseptics.—Salol, five grains four times a day, is also given, and this, with active catharsis, serves to get the second excretory organ into good working order. Benzo-beta naphthol, ten grains, has been given as the intestinal antiseptic, but, on account of its tendency to nauseate, salol has been substituted.

Active Catharsis.—All gynæcological patients are supposed to have two movements daily. The operative cases are given some cathartic, generally solution salts, one ounce three times a day if necessary until

* Read and discussed in the Boston City Hospital Nurses' Club.

four or more movements result. The night before and on the morning of the operation a high enema is given, usually of

Solution salts,
Turpentine,
Glycerine, āā ℥i.

Light Diet.—The patient is kept on a light diet consisting of soups and broths only.

Baths.—Daily hot tub baths are given, getting the skin, or third excretory organ, into working order.

On the day before the operation, immediately after the bath, the patient is taken to the operating-room for the final preparation. She is prepared vaginally and abdominally.

Vaginal Preparation.—This is done after the shaving. The vagina is thoroughly sponged with tincture of green soap, then with corrosive, followed by a corrosive douche at 110° F. It is then packed with iodoform gauze and a corrosive pad applied. In the case of a hysterectomy, peroxide of hydrogen is used after the green soap, then corrosive, then a creoline douche at 110° F., iodoform packing, and corrosive pad.

Abdominal Preparation.—The abdomen and thighs are thoroughly scrubbed with tincture of green soap, followed by ether, permanganate of potassium, and oxalic acid. A large corrosive pad is then applied, with oiled paper and sheet wadding, the whole being held in place by a gauze bandage. Outside the gauze bandage a swathe is applied which envelopes the abdomen and thighs, holding the dressing securely and therefore necessitating but one preparation.

After Operation.—As soon as the patient is taken from the operating-table and placed in bed, a quart of normal salt solution is given by rectum. For three or four days after the operation one pint of salt solution is given by rectum every four hours, which is practically always absorbed, thereby giving the system water till the patient is able to drink freely. If stimulation is needed, it is added to the salt solution.

A FEW FORMULÆ USED IN SURGICAL NURSING

By CHARLES G. CUMSTON, M.D.
Boston, Massachusetts

On a number of occasions nurses have asked me for formulæ to fulfil various indications met with in surgical practice, and I here present at random a few of them that may be of help.

One of the most distressing conditions to meet is a case of inoperable cancer, more particularly on account of the very offensive odor of the secretions, which clings to the hands of those who change the dressings. To remove this odor the following prescription will be found of great value:

℞ Terebene,
Olive oil, equal parts.
Rub freely on the hands and remove with soap and water.

Oftentimes a good stimulating enema is required to combat collapsus following hemorrhage or a surgical operation. The following may be used to advantage:

℞ Powdered camphor, grs. viii;
Tincture digitalis, gtts. xx;
Yolk of one egg;
Distilled water, ℥vii;
Tinct. opii, gtts. x.
For an enema.

Children take medicine with difficulty unless palatable, and when necessary to clear the bowels before or after an operation castor-oil is by far the best. The following prescription will be taken by any child without protest:

℞ Castor-oil, ℥i;
Syrup of senna,
Syrup of lemon, āā ℥ii.
For one dose.

When the bowels do not respond to medicines taken by mouth after laparotomy, or when ordinary enemas do not have effect, the following enema will usually overcome the difficulty:

℞ Turpentine, ℥ss;
Saturated solution of epsom salts,
Water, āā ℥viii;
Glycerin, ℥i.
For a high enema.

To control post-partum hemorrhage, nose-bleeding, or hemorrhage from wounds there is nothing superior to gelatine used as follows:

℞ Chloride of soda,
Gelatin, āā ʒvi;
Water, 1 quart.

If the hemorrhage comes from surface wounds, pack the wound with sterile gauze soaked in this solution. In post-partum hemorrhage use the solution as an intra-uterine irrigation.

A very good surgical soap is to be made of

Oil of sweet almonds, 72 parts;
Lye of soda, 24 parts;
Lye of potash, 12 parts;
Sulphocarbolate of zinc, 2 parts;
Oil of wintergreen, 9.5 parts.

As an antiseptic dusting-powder to wounds which is odorless and non-toxic, subgallate of bismuth has no equal.

Many patients, especially elderly people, have intense itching of the skin when they are confined to bed, which is called pruritus. The following prescriptions will relieve this unpleasant condition very nicely:

℞ Menthol,
Oxide of zinc, āā 1 part;
Powdered starch,
Powdered talcum, āā 15 parts.
A dusting powder.

Or:

℞ Hyposulphite of soda, ℥i;
Carbolic acid, ʒi;
Glycerin, ℥ss;
Distilled water, 1 pint.
Apply freely to parts with gentle friction.

DR. PATRICK MANSON AND "MOSQUITO MALARIA"*

By HELEN MacMURCHY, M.B.

This must be, I think, the proudest moment of my life. To enter the noblest of all professions, to feel that one belongs to that great army among whose leaders are Jenner, Pasteur, and Lister,—names that will never die,—and then, although last and least, to be asked to represent this great profession before so important a body in the sister profession of nursing, is an undeserved honor for which I express my thanks. . . .

The late Sir Andrew Clark calls medicine the Metropolis of the Kingdom of Knowledge. It is an interesting thought. We go to London, where the pulse of national life beats strongest, and we feel ourselves one with the great race from which we all have sprung, and say, as we realize that we are in the metropolis of the British Empire: "This *is* worth while. This *is* worth coming across the Atlantic to see."

We lift our eyes to the dome of great St. Paul's or to the towers of Westminster, or stand in Trafalgar Square and see against the blue English sky the figure of the greatest English admiral crowning the column; or, again, we go to "that great temple of silence and reconciliation," and beside the graves that hold all that could die of Tennyson and Browning we say once more, "This is worth while."

Just so when we have made our own the thoughts and discoveries of medical leaders and heroes, and have realized that we were in the Metropolis of the Kingdom of Knowledge, we have said, "This *is* worth learning."

So you and I have stood in the very place where life fights with death, and helped life to win, and said in our hearts: "This *is* worth while. I have not lived in vain."

What if medicine asks from us the largest sacrifices and offers us the fewest rewards? Still we are content, for we win the perfecting of our own characters. From living behind the scenes in life's tragedy we gain, unless we are very unworthy, "an attitude of reverence and sympathy which will incline our ear to the whisperings of the infinite and afford us glimpses of the inner impulses by which men shape their lives."

The love of humanity grows within us by the broad view of life our profession affords, teaching us to forget ourselves in the absorbing realization of the patience, often the heroism, of the poor, in whom

* Reply to the toast of "The Medical Profession" at the first annual luncheon of the Alumnæ Association, General Hospital Training-School for Nurses, Toronto, Canada.

faith and love in some form still make their bare and narrow life sweet and dear and full of significance to them; or in the equally absorbing realization of the many noble qualities, never quite destroyed by their faults and follies, belonging to those in the higher walks of life.

Another of the truest and purest rewards of those who devote themselves to medical science is in making its principles useful and fruitful. Perhaps I may be allowed to explain what I mean by a brief reference to the most recent work of a man whose name will shed lustre on the medical annals of the closing years of this century,—Dr. Patrick Manson, of "Mosquito-Malaria" fame. People are so slow of heart to believe all that the prophets have spoken, and so many foolish objections have been made to this great discovery of the cause of malaria by people who did not know what they were talking about, that it seemed only too likely that this principle, full of the power to save life, would remain barren and useless. Dr. Manson recognized this. He determined to meet the general public on its own ground. A wooden hut was built in England, shipped to Italy, and erected in the fatal field of the Roman Campagna, in the King of Italy's hunting-ground, near Ostia, at the mouth of the Tiber, where malaria has been inevitable and frequently fatal, and where all the permanent inhabitants have malarial cachexia. This hut had mosquito wire-netting screens in the doors and windows and mosquito-nets over the beds. In this hut have lived, since early in July, Dr. Sanbon, Dr. Low, Signor Terzi, and two Italian servants. They have always been indoors from sunset to sunrise, but have gone abroad freely in the daytime, being careful to avoid being bitten by anopheles. They have not taken one grain of quinine, and up to September 21, the date of the last letter from them, they all had remained perfectly well, though all their neighbors were, as usual, stricken by malaria.

But there was another experiment. Dr. Manson got from Rome mosquitoes which had been allowed to bite patients who had malaria. They were packed in ventilated boxes made of mosquito-netting, despatched through the British Embassy at Rome, and, by the courtesy of the postmaster general, came through to London in forty-eight hours by the Indian mail. The first "shipment" arrived on July 5, but only half a dozen had survived the journey, and these took so little interest in themselves that they did not even care to bite Dr. Manson's son, who was the subject of the second experiment.

Mr. P. Thurburn Manson, of Guy's Hospital, was born in China twenty-three years ago, left China at the age of three years, and has never been abroad since, or in any district of England reputed to be malarial. Consignments of infected mosquitoes continued to arrive from Rome in better condition than the first. On September 10 twenty-five

of them bit Mr. Manson; on September 12 ten bit him. He was perfectly well up to September 13. On that day, at four-thirty P.M., he went to bed with severe headache, pains in his back and bones, a temperature of 101.4, and all the other classical symptoms of malarial fever, and the characteristic organisms were afterwards found in his blood by himself, his father, Lieutenant-Colonel Baker, I.M.S., Mr. Watson Cheyne, and three other doctors.

The conclusion that malaria is conveyed by the mosquito is rendered evident to every understanding and brought home to "the man in the street" by this remarkable series of experiments, which will surely, as Dr. Manson hoped, help to render this great discovery fruitful in saving human life.

But this is a reward which we may all share. Every time we persuade people of the real cause and nature of tuberculosis, every time we impress the absolute necessity of pure air, or teach the untold value of perfect cleanliness in fighting disease, just so often we too render these great principles fruitful in saving human life.

You do well, ladies, to be proud of your Alma Mater. It was she who first taught you these great principles, and showed you how to apply them to the care of the sick and the cure of disease, and great as has been the advance of medical science in this century, no one will ever know how much medicine owes to the rise of nursing as a profession and the advent of the trained nurse as the most valuable auxiliary of the physician. Sometimes the patient and the doctor owe everything to the nurse: they *always* owe much. The skill, the kindness, the moral strength, the protection from every untoward influence which the ideal nurse bestows upon her patient, money can never adequately remunerate, and words can never adequately describe.

Your Alma Mater, ladies, is the pioneer training-school of Canada, and but for her your profession would not have attained to the high standard that it holds among us.

When we say this, we cannot forget that always, behind every public institution where good work is done, there stands some man or woman who loves the work and lives for it, scorning delights and living laborious days. And the high standard of this school and of the profession in Canada is largely due to the superintendent of your school. Without her talent for organization, her professional skill, her insight and wise forethought, and her devotion to duty, neither the school nor the profession in Canada would occupy the position which they hold to-day. . . .

Again, ladies, I congratulate you, in the name of the medical profession, upon your magnificent gathering, on your noble profession, and on the Alma Mater which you so worthily represent.

PRACTICAL POINTS ON PRIVATE NURSING

IN CHARGE OF

ISABEL McISAAC

THE VALUE OF GENERAL READING FOR PRIVATE DUTY NURSES

By EDITH A. DRAPER

Some months ago, when talking with "one who spake with authority," I was told that it was seldom one met with private duty nurses who were really happy in their work; that, indeed, it was exceptional to find one who had been engaged in private nursing for six years or more who was not discontented with her life, and this even amongst those who were extremely successful. There are not many nowadays who delude themselves with the idea that they have adopted the profession of nursing purely from a love of it. No, honestly speaking, the love is quite a secondary matter, with rare exceptions. This is scarcely to be wondered at; they are the favored ones of the earth who are enabled to follow the life they love best. But those who, from a sense of duty or necessity, take up a work not wholly congenial, and earnestly, day by day, fulfil the duties they have undertaken, deserve to earn for themselves a contented mind, at least. I am not prepared to discuss the whys and wherefores of their discontent, but only to suggest a palliative, as it were, a something which may make the road a little more attractive to those who find life's journey a hard and toilsome way.

Of all nursing, the most exacting is that undertaken by the private nurse. How all-absorbing it is! How bound over, body and soul, for the time being is every nurse when she undertakes the care of a patient! All her energies and faculties are concentrated on one object to the exclusion of every other. It is a lonely life; it is a hard life; one is often tempted to describe it in Mr. Mantalini's expressive if not choice language as "a demnition grind."

It has its compensations, true; it comfortably supplies the bodily wants, and it cultivates those cardinal virtues which are considered essential for graduation unto the ranks of the elect; but in no other walk of life is there a truer need for a refuge to flee to from trials and tribulations than in the noble calling of the nurse.

It is probable, though, that the majority of nurses engaged in private work do not have sufficient recreation for mind as well as body. They are, to use a homely metaphor, walking in a narrow, beaten track, hastening to the goal in view without stopping to enjoy the wonders by the wayside,—a proper but prosaic path,—and they gain what they seek, but also what they do not seek,—that is, narrow views of life, limited ideas, and faculties rusted for want of use.

The modern nurse applies with practical sense the laws of hygiene to herself as well as to her patient, and I think it can no longer be affirmed that nurses are short-lived, or that after ten years of service they are fitted only to be laid on the shelf. But has she learnt to appreciate as fully the advantages of recreation? "There is a time for all things," says King Solomon, "a time for work and a time for play." Does the real necessity for the latter part of the wise king's advice appeal to her as forcibly as it should?

There are sad enough incidents on record amongst us which perhaps had never been recorded had the wise maxim been followed in its entirety. Recreation in some form or another is absolutely necessary,—I was going to say to her salvation, but at least to her well-being,—and the nurse who works the year around with little or no holiday for mind or body is developing her powers of endurance and patience at the expense of other faculties just as ennobling, and is burying in a napkin talents bestowed upon her for use which, if cultivated, would increase her usefulness and happiness in this world and fit her to enjoy more thoroughly the wonders of the next.

Of all the varieties of recreation I only want to mention one, and that one attainable by all. Where can escape from the trivial vexations of life be found more readily than in books? The pleasure and profit to be derived from reading can be enjoyed by nurses more easily than any other form of recreation. Books are cheap, books are plentiful, and in reading is to be found a panacea for many ills.

The commodity most precious to nurses, because of its scarcity, is time, but a startling amount may be accomplished with odds and ends of time if used discerningly. Some of the world's greatest men have accumulated their stores of knowledge in the moments snatched from toil.

Profitable reading tends to culture, and Carlyle defines culture as "that process by which a man becomes all that he is created capable of being," and we are created capable of enjoying the lovely things of this world. It is our right, our heritage, and we should treasure the gift and not, like Esau of old, sell our birthright for a mess of pottage.

So much loveliness is missed and pleasure modified by inability to

appreciate. Paintings and sculpture, for instance, lose much of their charm if the subject is not understood. The advantages of travel are certainly reduced one-half to those who are unacquainted with anything of the history of the country visited.

To suggest to nurses what they should read is a task beyond me. Everyone will be guided by her individual tastes. Those who feel that life is too short to tussle with solid literature or so-called dry books would do well to remember that habits may be contracted, both good and bad, and it is not more difficult to form a habit for reading than it is to contract a habit for taking drugs.

The scanning of magazines and newspapers in order to be *au fait* with the events of the day is a very superficial form of reading, and though better than none at all, is not lasting and will endure but for a season.

If one made an earnest study of the Bible, looking up the history of all the nations alluded to, such as the Assyrians, Egyptians, Romans, and Greeks, one would become well-educated in ancient history almost before one was aware of it, and a knowledge of the mighty past is the sure foundation for all reading. With that to build upon one may rest assured one's house is founded upon a rock.

We shall not benefit much by reading books which weary us or which are beyond our comprehension, but there is so much to choose from, the supply being almost limitless, that each one may suit herself. History, biography, travel, poetry, turn where we will we must be satisfied. The difficulty lies in the profusion. Again, as to how we should read: Most authorities advise reading a book studiously, conning carefully every word. Emerson says, "If a book is worth reading once, it is worth reading twice, and if it will stand a second reading, it may stand a third."

There certainly are books which we would do well "to read, mark, learn, and inwardly digest," and again there are many of which only certain portions are worth attentive study. The great charm of desultory reading need not be overlooked. Whichever way, there is the tree of knowledge; gather the fruit how we will, instead of being turned out of Paradise for so doing, we are but knocking at the gates, which sooner or later will open and let us in. Those who can would do well to profit by the University Extension Course of lectures, now held in almost every city. Half a loaf is better than no bread, and even a few such lectures attentively followed with notes taken would prove some nourishment to a starving mind.

Reading-clubs afford a stimulus to many who otherwise would not read at all; but there again the private nurse cannot attend with any regularity. The difficulties to overcome are troublesome, but the com-

pensation would amply repay. Many lists of one hundred "best books" have been printed, and it would help anyone to take such a list and make selections from it. I do not, of course, say that to develop a taste for reading, or to cultivate a taste already possessed will drive out dull care and discontent; neither do I presume that the reason thereof is attributable to a want of reading,—that would be manifestly absurd; but this I do know, that "He that loveth a book will never want a faithful friend, a wholesome counsellor, a cheerful companion, an effectual comforter. By study, by reading, by thinking, one may innocently divert and pleasantly entertain oneself, as in all weathers so in all fortunes."

MEANS USED FOR THE REDUCTION OF TEMPERATURE IN FEBRILE CASES

By SARA M. DICK

Hydropathy as a remedial agent in the treatment of pyrexia is a now universally acknowledged powerful factor and valuable therapeutic remedy. Although advocated by Currie, of Liverpool, in 1788 and in a measure practised, it did not gain much favor until strongly advocated by Brand, of Berlin, between 1860 and 1870, since when the virtues of water as a curative agent have been more fully developed.

The most commonly employed methods, the effect of which in general is produced by evaporation, are, first, sponging; second, packing; third, tubbing; fourth, sprinkling, or affusion; fifth, cold enemata.

THE SPONGE-BATH.

The sponge-bath is an old and generally applied remedy. Its effect is stimulating, soothing to the nervous system, and tends to produce sleep. To discuss so trite a subject as the manner of giving a sponge-bath would seem to the graduate nurse of recent years an unnecessary proceeding, as may, indeed, the dwelling on some of the other modes spoken of; but, again, some helpful hint may reach the nurse of earlier times.

PACKING.

The wet pack is one of the most practical ways of using water in the treatment of febrile cases. It is less heroic than tubbing, and consequently preferable in cases where the shock of the latter treatment is feared. A long rubber sheet or oil-cloth is first put on the bed, then a

blanket; over this a sheet which has previously been wrung out of either cold or hot water, as ordered, is folded twice lengthwise and placed under the patient. An additional wet sheet covers every surface of the body by being well tucked in at neck, sides, and lower limbs. The feet must be left uncovered, and if at all inclined to be cold, heat should be applied to them. A cold compress or ice-bag must be applied to the head. The enveloping sheets should be wet anew with water of the desired temperature. In all cases the movements of the patient must be reduced to a minimum. The pack may be prolonged from half an hour to one hour, or even in some cases longer.

TUBBING.

Tubbing may be done in a portable bedside tub or in bed. When the bedside tub is used, the patient, wrapped in a sheet, is carefully lifted and gradually lowered into a tub half filled with water of about the temperature of the body. The water is gradually cooled by the addition of ice until the temperature of 70° or 68° F. is reached and maintained. The limbs and trunk are rubbed and a compress wrung out of ice-water, or an ice-bag is applied to the head, which is kept raised out of the water and comfortably supported by a rubber ring or cushion attached to the head of the tub. Systematic friction does much to counteract shivering and the tendency to cyanosis. The patient must be carefully watched, and when signs of increasing weakness follow, the duration of the bath, which usually is of twenty minutes' time, must be reduced. Within five or ten minutes' time the pulse of a patient in the bath becomes smaller and the tension is increased. While in the bath the bed is prepared for the patient's reception with a blanket and sheet. Where the heart's action is feeble the patient is dried at once and wrapped in the blanket. In other instances the patient is wrapped in the sheet for from ten to fifteen minutes and covered with the blanket. A hot drink, such as lemonade or whiskey and water, is given, and the temperature taken per rectum and again every half an hour when the heat of the interior and exterior of the body has become equalized.

Tubbing in bed may be skilfully done by means of a tub devised by Dr. A. H. Burr, of Chicago. It consists of a large rubber sheet with rings attached near its margins by elastic tapes, and of a light wooden frame with fastenings along the upper rail to which the rings of the sheet are attached. This crib can be fastened into a compact bundle by two movements. In using, the sheet is slipped under the patient and made to cover the bed evenly. The frame is unfolded and placed over the patient, resting on the mattress. The edges of the sheet are then drawn up over the top rail and fastened by its rings. Tepid water is

then poured in until the patient is sufficiently immersed. The desired temperature of the bath is obtained by the addition of ice, as in other methods. This tub is quickly and easily emptied by siphon-shaped pieces of hose which accompany the tub, or by bending a corner of the sheet and draining the water off into pails or a tub.

Where the Burr tub is not obtainable a method for giving tubbing devised by a hospital nurse answers admirably. A large rubber blanket covered by a dry sheet is spread under the patient. The four corners are suspended from the corners of the bed. A depression is formed by placing a pillow at the head and at the foot. This tub can be quickly emptied, and has two great recommendations in its comparative inexpensiveness and the ease with which it may be carried from one case to another.

A modification of Brand's method by the use of warm or tepid water only will often accomplish the same and even, in some instances, achieve more effectual results. It keeps the patient comfortable, reduces the temperature to a safe limit, and favors the absorption of water through the skin much more than the cold bath by opening the pores. It also produces a calming and strengthening effect on the nervous system without shock. In all cases it is well to remember that the too sudden application of cold to the surface of the body is liable to cause marked internal hyperæmia and congestion.

SPRINKLING, OR AFFUSION.

Sprinkling, or affusion, is another satisfactory way of treating pyrexia. A long rubber sheet is put under the patient the sides of which are rolled to form a trough, and the unrolled end at the foot is arranged so that the water will drain into a pail or tub. The patient, over whom a sheet has been thrown, is then sprinkled with several gallons of water. An ordinary watering-can, or sprinkler attached to the tube of a fountain syringe, may be used. The temperature of the affusion is gradually reduced, as in tubbing, by using the watering-can or fountain syringe twice full of warm water, twice with tepid, twice with cool, and twice with ice-cold. The sprinkling is done from the feet up and gentle friction maintained.

COLD ENEMATA.

Enematas of cold water are sometimes used for their antipyretic effect, in the giving of which the lowering of the patient's head by removal of pillows and elevation of hips by placing a pillow doubled under them and raising the foot of the bed will materially assist. The colon absorbs more quickly than the rectum, therefore the need of giving the enema as high as possible.

CHILDREN'S DEPARTMENT

IN CHARGE OF
LOUISE C. BRENT

MASSAGE IN THE TREATMENT OF INFANTILE PARALYSIS

By T. AMBROSE STANTON, M.D.
Toronto, Canada

It would be difficult to overestimate the importance of massage in the treatment of those affections of children characterized by wasting of muscles. Especially in the treatment of infantile paralysis is it found to be a measure of great value, not only in preserving the integrity of the muscles, but also in preventing the subsequent deformities which present so many difficulties in treatment.

Infantile spinal paralysis, known technically as anterior poliomyelitis, occurs chiefly within the first three years of life. It is primarily an affection of the spinal cord, most commonly in the cervical or lumbar enlargements, wherein there is inflammation of the anterior horn of gray matter, leading to atrophy of that tract and disappearance of the large motor cells in the affected portion. In consequence there follows a paralysis of the groups of muscles over which these cells preside.

During the acute stage of the disease the treatment is largely directed to the control of the spinal inflammation, to lessen its intensity and limit its extent. But as a rule it is not until this stage is passed that the cases come under observation. If, then, all the motor cells pertaining to a particular group of muscles are destroyed, paralysis of that group must remain complete, but if some of the cells have maintained their integrity, those muscles may regain much of their power. In following a large number of cases it has been noted that careful and persistent treatment often results in partial or complete restoration of function, and that by all means the most valuable measure in attaining this result is massage of the affected muscles. As soon as the child can bear friction this treatment should be commenced.

In carrying out the movements the bare hand may be employed, but the use of cocoa-butter or cod-liver oil is desirable. The mildest

form is what is termed "friction massage;" in this method the part is rubbed in a circular manner with two or three fingers of one hand; following this, the part is grasped with the whole hand and firmly but gently squeezed in an upward direction; this movement is known as "effleurage," its object being to promote the circulation in the lymphatic and other vessels. Pétrissage, or kneading of the muscle, is a movement of much value as tending to promote capillary circulation and to stimulate nervous force. Tapotement, or tapping of the muscle, is also employed, these movements being followed by effleurage. At first massage should be very gentle, but as the child becomes more accustomed to it the more forcible measures may be employed.

What we hope to accomplish by these measures in the disease under consideration is the stimulation of the circulation and the maintenance of the nutrition of the limb, so that in the gradual improvement which frequently takes place in the spinal cord the patient may be under the most favorable conditions for the restoration of the use of the limb. If the nervous connection is entirely lost, then we have at least succeeded in preventing wasting and deformity. It is safe to say that the use of massage is worth more than all the other remedies advised in these cases, and should be practised for months, if necessary, in order to obtain the best results. With some instruction and practice the movements can be readily carried out by the nurse, and it is a cause for some regret that in some of the training-schools an art of so much practical importance should receive so little attention.

A GYMNASIUM has been started in connection with the Out-door Department of the Children's Hospital, Toronto. It is fully equipped for all kinds of corrective work. The benefit derived from this treatment by the in-door patients led the trustees to start these classes in hopes of benefiting a larger number of children.

THE boy who is always willing to be the animal when playing horse never wants for companions to play with. It is the boy, as it is the man, who lets others have the honors who comes out ahead in the race.

EDUCATIONAL

IN CHARGE OF

ISABEL HAMPTON ROBB

SUBJECTS SELECTED BY THE COMMITTEE ON COURSE OF STUDY

FRANCES A. STONE, CHAIRMAN

I.

PARLIAMENTARY LAW.

The committee would urge upon all alumnæ associations not having made a study of this subject the necessity of doing so this year, if only two or three lessons, teaching first principles of properly conducting and actively attending meetings, conventions, etc.

II.

SOCIOLOGY.

First: Problems of public aid, charity, and correction.
Second: Causes of poverty, pauperism, and crime.
Third: Study and aim of philanthropy. Public and charitable aid. Reformation. Neighborhood improvement.

(Lectures on this subject can be obtained from workers in public and charity organizations.)

III.

DISTRICT AND HOURLY NURSING.

History. Methods of conducting in large and small cities.

IV.

FOODS.

Composition.
Classification. Economic value.
Preparation.
The general relation of foods to special diseases.

V.

THE KITCHEN.

Position, size, furnishing, and utensils.

VI.

LAUNDRY.

Position and entire equipment. Making of starch and bluing. Soaps. Washing, rinsing, drying, ironing, and bleaching. Benefits of fresh air and sunlight.

The subjects for study this year differ somewhat from those of last year or any course previously given. The topics have all been chosen with direct reference to filling special requests, or emanated from a knowledge of the needs of nurses in general.

It is not all hospitals that can offer a complete course in invalid cooking. While the diet kitchen is, with many, an established reality, with others it is still a much-felt want. No amount of theoretical teaching can remain with a nurse, or in any way take the place of the actual practical experience, to be obtained in a complete, well-conducted diet kitchen. Nurses are constantly deploring their lack of knowledge in this branch of their work.

As the graduate of to-day is called upon to fill almost every position, it is becoming a necessity that more than the actual care of the sick be embraced in her school training or be made obtainable elsewhere.

This refers especially to those called to fill the position of superintendent of hospitals or other institutions.

How constantly does such a nurse have to appeal to the superintendent of the hospital or school from which she graduated for information on such subjects as are contained in Sections V. and VI.

The kitchen, the laundry, and plumbing are three problems that confront each one immediately upon undertaking the duties of superintendent.

Requests have come from some not to confine the course of study to nursing subjects alone, the complaint being that nurses' lives become narrow and warped. They need relaxation, an awakening to a realization of the fact that other and interesting things are going on around them, and that it is not necessary they should be cut off from the absorbing problems of the day.

So many suggestions have been received, it is very difficult to make a selection.

As it is considered wise to limit the period of study to three or four months, the course selected is very initial. Out of it we hope to see grow a more complete system for next year and a stronger interest in the course established for the graduate nurse wanting institutional work,

and now in its second year at Teachers' College, Columbia University, New York City.

The committee would suggest that, when practicable, a social element be introduced by a combination of local associations alternating in holding their meetings at the various hospitals, homes, or club-houses. When the latter, an outline of organization and general management should be given, the club-house being an interesting subject to every graduate engaged in private nursing, as it already is, or she hopes to make it at some future day, her home.

The number of meetings to be held and the hours selected for holding them must be left to the discretion of each association.

"A WELL-BRED carriage is difficult to imitate, for in strictness it is negative, and it implies a long-continued previous training. You are not required to exhibit in your manner anything that specially betokens dignity, for by this means you are like to run into formality and haughtiness; you are rather to avoid whatever is undignified and vulgar.

"You are never to forget yourself; are to keep a constant watch upon yourself and others; to forgive nothing that is faulty in your own conduct; in that of others, neither to forgive too little nor too much.

"Nothing must appear to touch you, nothing to agitate: you must never overhaste yourself, must ever keep yourself composed, retaining still an outward calmness, whatever storms may rage within. The noble character at certain moments may resign himself to his emotions; the well-bred, never. The latter is like a man dressed out in fair and spotless clothes: he will not lean on anything, every person will beware of rubbing on him. He distinguishes himself from others, yet he may not stand apart; for as in all arts, so in this, the hardest must at length be done with ease: the well-bred man of rank, in spite of every separation, always seems united with the people round him; he is never to be stiff or uncomplying; he is always to appear the first, and never to insist on so appearing.

"It is clear, then, that to seem well-bred, a man must actually be so. It is also clear why women generally are more expert at taking up the air of breeding than the other sex; why courtiers and soldiers catch it more easily than other men."—GOETHE.

PROGRESSIVE MOVEMENTS

IN CHARGE OF

LUCY L. DROWN

WORK OF THE GARFIELD ALUMNÆ

By R. MILDRED PURMAN

The Alumnæ Association of the Training-School for Nurses of the Garfield Memorial Hospital of Washington, D. C., is now engaged in a very interesting work,—that of giving talks on nursing to the St. Alban's Branch of the Girls' Friendly Society.

The majority of these girls are employed in the shops, and in many cases are members of large families who have little practical knowledge of how to care for those among them who are unfortunate enough to be sick.

Mrs. Bratenahl, wife of the rector of St. Albans, is secretary of this branch and deeply interested in these girls. Feeling their helplessness in the sick-room and their need of practical knowledge, as the luxury of a trained nurse is out of the question for them, and their own efforts must supplement the work of the district nurse, she appealed to the Garfield Alumnæ for instruction in home nursing for them.

The nurses took the matter up in a most enthusiastic way. The subjects to be considered were classified, and each nurse volunteered her services for the talk she felt best fitted to give.

The enthusiastic reception of the plan will be better appreciated when it is known that among the volunteers were even the busiest members of the alumnæ—the superintendent of the Training-School for Nurses of St. Elizabeth Hospital for the Insane, the superintendent of the Girls' Reform School, and the matron of the Garfield Hospital Annex for Contagious Diseases.

The énergetic president started the course by a talk and practical demonstration upon the preparation of the sick-room, the dress and qualifications of the nurse, bedmaking, changing the bed-linen, and the patient's night-clothes.

The talks are given every two weeks,—in the evening, as the girls have no leisure time during the day. They are given in the Parish Hall, which is loaned for the purpose, and the ladies who are associate mem-

bers of the "Girls' Friendly Society" have been most kind in supplying the necessary material for the practical demonstrations which accompany the talks whenever possible. For example, the pupils are not only taught how to make a bed properly, but must make it themselves, as the object is to enable the girls to adopt these suggestions in their own home lives.

The nurse wears her uniform in order that its severe plainness and absolute spotlessness may impart its own lesson.

Any member of the alumnæ who is not busy is ready to act as substitute in caring for the patient if the nurse who gives the talk needs one during her absence.

The list which is appended is not systematized as well as it would have been if it were not necessary to allow each nurse to choose the most convenient date and to select her own subject. Merely the headings are given, and each nurse is allowed her own discretion in elaborating her topic:

I. Room; nurse; bed, making and changing; changing patients' clothes.
II. Bathing; care of patient.
III. Baby, bath, care of; artificial feeding; convulsions; infantile diseases.
IV. Anatomy and physiology.
V. Application and making of compresses, poultices, etc.
VI. Minor injuries, accidents, and emergencies, with dressings.
VII. Bandaging.
VIII. Diet cooking.
IX. Disinfection; ventilation; care of room.
X. Symptoms.
XI. Medicines, giving of; poisons and antidotes.
XII. Special diseases.
XIII. Medical appliances.

At the same time, another course of talks was outlined to be given to poor women once a month, beginning in October.

These women are mothers of the little children of the "Christ Child Society," to which Miss Mary Merrick, who is an invalid, devotes her time and self. In her eager desire to teach these mothers how to care for the little ones, she too appealed to the alumnæ, and it has responded admirably. The talks in this course combine most of the subjects and demonstrations given in the former course, but are supplemented by obstetrical instruction:

I. Room; bed; baths; care of patient.
II. During and after pregnancy; confinement; care of breasts, pads, etc.
III. Care of baby; infantile diseases; convulsions; artificial feeding.
IV. Minor injuries; emergencies; hemorrhages; bandaging.
V. Disinfection; ventilation; hygiene.
VI. Food and preparation.
VII. Application and making of poultices, pastes, etc.
VIII. Symptoms; giving medicines; poisons and antidotes.

A NEW DEPARTURE

A YOUNG woman completed her course of training in one of our well-established schools and began private nursing, in which she was eminently successful.

Ill-health came, and after a struggle to keep on with her work she was obliged to undergo a severe operation. After a time, district nursing was taken up, as causing less strain on reduced physical strength. This also had to be relinquished.

Ways and means of earning a livelihood became a study.

Naturally ingenious, the graduate nurse had contrived for herself a comfortable and satisfactory swathe such as must be worn by those who have passed through the trial of an abdominal operation.

Knowing that surgeons in their practice outside of hospitals are often troubled to procure the appliances required, the idea came to her that in this field was an opening for her.

As the products of her skill become known, there is an increasing demand for these adjuncts of surgical operations by surgeons far and near. The order for the swathe usually comes from the surgeon. If possible, she visits the patient and attends to the measurements for the swathe. If the distance is too great or for any reason she cannot visit the patient, she sends an order-blank containing the necessary directions. Each swathe receives her personal attention, so that its peculiar fitness for the individual patient is insured. Although she is debarred from active service for the sick, nevertheless, her patients "rise up and call her blessed."

This result and others of a similar nature go far to demonstrate that the opportunities for creating and improving appliances for the comfort of the sick are especially within the province of the nurse.

PROPHYLACTICS

IN CHARGE OF

MARY M. RIDDLE

THE RELATION OF BACTERIOLOGY TO PREVENTIVE MEDICINE

By JOHN H. McCOLLOM, M.D.

Resident Physician, Boston City Hospital, South Department, Instructor in Contagious Diseases, Medical School of Harvard University

(Continued)

The bacillus coli communis discovered in 1885 is specially of interest from its morphological resemblance to the bacillus of typhoid fever, but differs from it in its manner of growing in different culture media. This organism is a normal habitant of the intestines of healthy individuals, but when it finds its way into the peritoneal cavity may cause peritonitis. How much influence this organism has in causing appendicitis has not been definitely proved, but it is reasonable to suppose that its presence in the appendix may be a predisposing, if not the exciting, cause of the disease. At the Bacteriological Laboratory of the Harvard Medical School two years ago cultures were made from the interior of the appendix in fifteen cases of appendicitis. It was observed that when the bacillus coli communis was found in the cultures the patients were extremely ill and in many instances died, while in those cases in which this organism was not found the patients went on to an uninterrupted recovery. The number of cases is too small on which to base any conclusions, but it opens a field for a very interesting and important research.

No discovery in bacteriology has been more important or has had a greater influence on the suppression of epidemics than that of Koch's of the spirillum of Asiatic cholera in 1884. The importance of an early diagnosis of mild cases of the disease and an accurate knowledge of the degree of infectiousness of cholera have been fully demonstrated by the history of the late epidemic. The history of the earlier epidemics of cholera in this country show conclusively the impossibility of making an accurate diagnosis in the milder cases of the disease without a bacteriological investigation, and it is from these mild cases that the epidemics have universally arisen. If the few cases that occurred in New

York City had not been recognized by means of a bacteriological examination, there is no question but that we should have had a wide-spread and general epidemic of the disease. This organism is a spirillum, and resembles in appearance a small comma, hence its name, comma bacillus, although the term bacillus is a misnomer, as it is not a rod but is a spirillum, the individual segments of which are curved. On a well-stained cover-glass from a luxuriant growth long, screw-shaped forms may be seen, sometimes extending along the entire field of the microscope. This organism stains with the usual aniline colors. The spirillum of Asiatic cholera cannot be differentiated by the microscope alone from certain other organisms. The Finkler-Prior spirillum found in cholera morbus, the Deneke cheese spirillum found in old cheese, the spirillum of Metschnikoff found in the intestinal contents of chickens dying of an infectious disease which prevails in certain parts of Russia, resemble the organism of cholera in morphology, but there are certain cultural peculiarities of the organism which render its differentiation certain. The action of this organism in pure cultures in gelatin is so different from that of the other organisms mentioned that there can be no question that it is an entirely separate and distinct species, and has nothing in common with the others except its shape when seen under the microscope. That this organism is the specific cause of cholera has been absolutely proved in many ways. Its presence in drinking-water during an outbreak of cholera, the fact that it has been found in the alvine discharges of cholera patients, in the intestines of cholera cadavers, and the experiments on animals would seem to place this fact beyond a reasonable doubt. Koch's experiments on guinea-pigs are very satisfactory, and show that this spirillum is pathogenic for these animals when introduced in a living condition into the intestines. As this organism is particularly susceptible to the action of acids, particularly that of the gastric juice, it is necessary when experimenting on animals with it to neutralize the gastric juice with a solution of sodium carbonate, and it is also necessary, for the purpose of restraining the peristalsis of the intestines, to narcotize the animal with laudanum. After the administration of the opium a pure culture of the cholera spirillum is injected into the stomach. As the result of this procedure the animal becomes ill, its hind legs become weak and apparently paralyzed, and death usually occurs at the end of forty-eight hours. At the autopsy the small intestines will be found filled with a watery fluid containing spirilla in immense numbers. As a control experiment other animals are subjected to similar procedures, with the exception that pure cultures of the spirillum are not injected. The latter animals always recovered. It is said that Pettenkofer drank a considerable quantity of a pure culture

of this organism, and it is also true that he was very ill and came very near dying with what very much resembled an attack of cholera, and it is also true that immense numbers of the spirilla were found in the dejections. It would seem that these experiments should satisfy any sane person of the fact that the spirillum discovered by Koch is the specific cause of cholera.

Pneumonia, a disease which is especially frequent in this locality, has been definitely proved to be due to a certain specific organism. The pneumococcus of Friedländer, discovered by him in 1883, was thought at one time to be the cause of the disease, but more extended and careful examinations showed that this organism was not the cause of the disease, as it was only found in a small proportion of cases examined—nine times in one hundred and twenty-nine cases examined by Weichselbaum, three times in seventy cases examined by Wolff. This organism is an extremely short bacillus with rounded ends, often so short as to resemble a micrococcus, and is commonly united in pairs and chains of fours. As it only occurs occasionally in pneumonia, as has been before stated, it is only of interest from a scientific point of view, and allusion has been made to it simply to illustrate the importance of the most careful and searching investigation in everything connected with bacteriology before any definite conclusions can be reached. The micrococcus pneumoniæ crouposæ, which is also known by the name of micrococcus of sputum septicæmia of Fraenkel, has been fully identified as the cause of pneumonia. This organism is found in the rusty sputa of cases of pneumonia and also in the hepatized tissue of the diseased lungs. This bacterium cannot be regarded as a coccus, but should more properly be termed a bacillus, as one diameter is longer than the other. When seen under the microscope it has a peculiar lancet-like appearance, hence one of its synonyms is the lancet-shaped micrococcus. Guinea-pigs, rabbits, and mice inoculated with pure cultures usually die in from twenty-four to forty-eight hours. Soon after the inoculation in the skin of the abdomen the first symptoms of disease are noticed. At the autopsy very slight if any reaction at the inoculation-point is noticed. There is marked swelling of the spleen, which is frequently increased to twice its ordinary size. Large numbers of the bacilli are found in this organ. The lungs in particular show no marked evidences of infection. When, however, this organism is injected directly into the lung tissue it gives rise to violent inflammation of the organ. This bacterium is found very frequently in the saliva of healthy individuals, but just when and under what circumstances it may give rise to pneumonia has not been satisfactorily explained. Sternberg found that when the saliva from healthy individuals was injected into the peritoneal cavity of guinea-pigs it

almost invariably caused their death. The whole matter regarding this organism may be summed up in the following quotation from Fraenkel's text-book of bacteriology: "Fraenkel's bacterium is the principal exciter of inflammable processes of an infectious nature in the human body. Wherever it reaches a serous or mucous membrane and meets with the requirements for its settlement, it commences operations; it causes meningitis on the pia mater, peritonitis on the peritoneum, and otitis in the auditory passage. Whenever it gains entrance into the lungs, pneumonia is developed, the peculiar properties and characteristic process of which depend upon the peculiarities of the organ invaded and upon the extent of the morbid process. Another bacterium may eventually play a similar rôle and give rise to pneumonia; but, as a rule, it is certainly Fraenkel's diplococcus that displays here its energy, for which reason it may properly be regarded as the real micro-organism of genuine croupous lung-inflammation."

The disease known as hog cholera is sufficiently frequent among swine to deserve a passing notice. Two or three epidemics have occurred in this locality during the past few years in which large herds were destroyed. It may assume an acute form in which death may occur in twenty-four hours, and a chronic form in which the disease lasts from two to four weeks. In the acute form hemorrhagic extravasations are found upon the mucous and serous membranes and in the parenchyma of the lungs, kidneys, and lymphatic glands. The spleen is generally very much enlarged and soft and dark in color. The most notable changes are found in the alimentary canal in the chronic form of the disease. Large spherical necrotic masses and extensive patches of membrane are found in the cæcum and colon. The specific organism of this disease is found in all of the organs, especially the spleen, and has also been found in urine taken from the bladder immediately after the death of the animal. This bacterium, which was first described by Klein in 1884, is a short bacillus with rounded ends. Smith has proved by his experiments that when dry it would live from nine days to several months. This has an important bearing upon the necessity of thoroughly cleansing and disinfecting the styes in which an epidemic of this disease has broken out. Novy has isolated from this bacillus a substance which he calls sustoxin. This is a yellowish-brown, syrup-like liquid which, injected into rats in doses of .12 to .25 of a cubic centimetre, causes their death in from twenty-four to forty-eight hours. Thus far no antitoxin for this disease has been discovered.

Tetanus, which, fortunately, is very rare, has been proved to be due to a specific bacillus. In 1884 Nicolaier caused tetanus by introducing garden earth beneath the skin of mice and rabbits, and transmitted the

disease to other animals by inoculations with pus or cultures in blood-serum containing the tetanus bacillus. Carle proved in 1884 that tetanus was an infectious disease which might be transmitted by inoculation from man to the lower animals. Sternberg caused tetanus in a rabbit by injecting beneath its skin a little of the mud from the street gutters of New Orleans. This organism seems to be widely distributed in the superficial layers of soil in temperate and more especially tropical regions. The deadly toy pistol of a few years ago caused many cases of tetanus, but the fact that the pistol was not at fault so much as the dirt on the victim's hands containing the tetanus bacillus was not fully appreciated. A punctured wound of the foot made with a rusty nail frequently causes tetanus, but it is not the rust of the nail which gives rise to the disease, but it is this organism, which is found under the rust, which is the cause. It is a slender, straight bacillus with rounded ends. Sometimes spherical spore-like bodies develop at one end of the rods, giving these a drum-stick or pin-shaped appearance. It is an anaërobic liquefying motile organism. Brieger obtained from pure cultures of this bacillus a toxine which he called tetanin, and which was found to kill in minute doses small animals. The animals all died with the characteristic symptoms of tetanus. The horse can be rendered immune by the injection of minute doses of this toxine, and the serum of the animal thus rendered immune has been used with beneficial results in the treatment of tetanus in man. While experimenting with the toxine of tetanus Behring's attention was directed to the immunizing of animals against diphtheria. One great difficulty in the anti-toxic treatment of tetanus is the fact that we have no indication that tetanus will result from a wound in man until definite symptoms have appeared: by that time the tetanus poison has accumulated to such an amount in the system that it is not always possible to antagonize it with sufficient doses of the antitoxin.

(To be continued.)

In the archaic-vase room at the British Museum anyone can gaze upon babies' feeding-bottles of sun-baked clay which were antique when Joseph went into Egypt.—*Boston Daily Globe, Friday, November 2.*

CONSTRUCTION, SANITATION, AND HYGIENE

IN CHARGE OF

M. E. P. DAVIS

A DESCRIPTION OF THE PROPOSED NEW LAUNDRY OF THE UNIVERSITY OF PENNSYLVANIA HOSPITAL

WITH SPECIAL REMARKS AND EXPERIMENTS UPON DISINFECTION IN CONNECTION WITH THE WORK OF HOSPITAL LAUNDRIES*

By A. C. ABBOTT, M.D.

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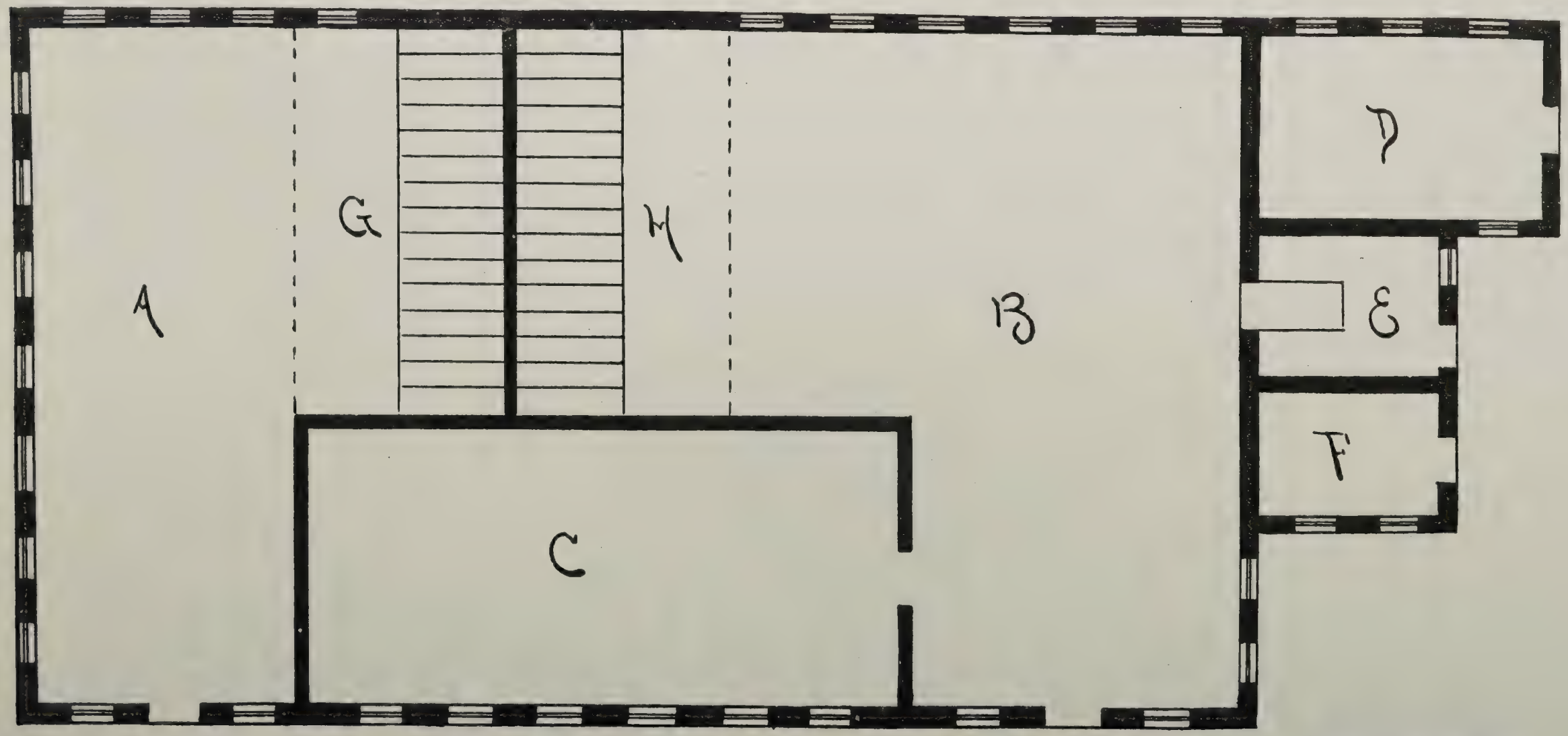
(*From the Laboratory of Hygiene, University of Pennsylvania*)

The laundry that is about to be constructed for the University of Pennsylvania Hospital, the floor-plan of which accompanies this paper, has not been designed with any special views to architectural effect, but rather as a building arranged for work of a particular character. It is to be supplied with all necessary apparatus of modern pattern that is essential to the saving of labor and the proper performance of the functions of this department, and has been arranged with the special view of putting into practice those methods in the management of hospital laundry work that are essential in preventing the dissemination of disease through this channel.

The building when complete will be a one-story structure located upon the lawn of the hospital, within easy reach of the back entry. It is, roughly speaking, to be ninety feet long by fifty feet wide, and at the ridge of the roof has an elevation of eighteen feet.

The ceilings throughout are to be ten feet high. All rooms are to ventilate into the loft between the ceilings and the roof, from which the air is allowed to escape through a slatted cupola. The walls are to be of brick, thirteen inches thick, plastered but not furred on the inner surface. The floors are to be of concrete, with a fall towards central openings for drainage. The building is divided into two compartments; the one marked A in the accompanying plan having a floor surface of forty-eight by twenty feet, not including a drying-room of twenty-six by eight feet in area, is a private laundry in which the clothing of the resident staff and possibly that of a few private patients will be laundried.

* Read at the International Congress of Charities, Correction, and Philanthropy, Section 3, 1893.



Scale $\frac{1}{16}$ inch = 1 foot.

LAUNDRY, UNIVERSITY OF PENNSYLVANIA HOSPITAL

This section of the building is not in communication with the public laundry. It is entirely independent of it, being provided with its own drying-room and all apparatus necessary for the performance of the work coming within its scope.

The remaining space, B and C, will be devoted to washing and ironing the articles from the public wards. The room B is the wash-room proper, in which will be located three mechanical wringers or centrifugal machines. The room is forty-eight feet long by twenty-five feet broad at one end and forty-six feet broad at the other, and is in communication with a drying-chamber (H) that is twenty-six feet long by eight feet broad.

Room C is the ironing-room, in which will be located the mangle and tables for handwork. It has a floor surface of twenty-one by forty-four feet, and is abundantly supplied with light. Each place at the ironing-tables in this room is to be provided with a gas heater for the irons, as no stove for the purpose is to be used. The use of gas is preferable, because the individual can better regulate the temperature of the iron than when it is placed on the stove. On the stove the iron commonly becomes overheated, and is then cooled by dipping it into cold water, much to the detriment of its smooth, polished surface.

The spaces G and H are the drying-rooms for the private and public laundries respectively. They each have an area of two hundred and thirty-four square feet, and will be provided with the ordinary sliding clothes-racks nine feet in height. Between these racks there will be vertical, direct-radiation drying-coils, having a radiating surface in proportion to the air capacity of the chamber of about one square foot to five or six cubic feet of air; this, under steam pressure of fifty-five to sixty pounds, with properly proportioned inlet and outlet openings for ventilation, should insure complete renewal of the air in these rooms about twice per minute.

It should be needless to emphasize the necessity for high temperature and rapid ventilation for drying purposes, for the conditions calling for them are, on physical grounds, too obvious; but it is not uncommon to see such rooms arranged with coils for heating the air but with no provisions at all for permitting its escape when it has become saturated with moisture and is no longer effectual as a drying-agent. That the drying-rooms constructed in this way serve the purpose for which they were designed is due entirely to the natural exchange of air that occurs by leakage through cracks and crevices, but the amount of work that they are capable of doing in removing moisture under these circumstances is not by any means commensurate with what they could do had they the proper arrangements for permitting the free escape of

the saturated air with an equivalent ingress of air less rich in moisture. The drying-room of a laundry is no more complete without means for adequate ventilation than would be a drying-kiln for lumber without a fan for forcing air through it.

Room F is the disinfecting-chamber provided for the steam disinfecting apparatus. It communicates with the laundry only through the apparatus, the idea being that infected clothing or mattresses, when brought into this room, shall reach the laundry only after having been subject to the disinfecting action of steam.

Room F is a rinsing-room, in which chemical disinfection and subsequent rinsing of the disinfected articles can be performed before they are permitted to pass into the laundry proper. It will also contain a metal caldron provided with steam-coils for disinfection of small articles by boiling, when it is not desirable to operate the larger apparatus.

Over Rooms D, E, and F is to be a second story, consisting of a single room, in which mattresses and bed-clothing can be stored, aired, etc. It will be reached by a covered stairway located on the outside.

It is not the province of this communication to discuss the various methods of washing clothes, but rather to impress the importance of hospital laundries as factors in preventing the spread of contagion.

Those who are interested in the management of institutions intended for the care of the sick will, I think, agree that there are few departments of a hospital more potent for good in preventing the dissemination of infectious diseases when well and properly managed, or more liable to do harm when badly conducted, than is the laundry. It is here that are brought underclothing, bed-clothing, mattresses, and in some instances dressings from patients, many of whom are at times afflicted with diseases of a communicable character, and unless the necessity for special precautions intended to render harmless such materials is appreciated, harm may result, and such doubtless often has been the case.

The functions of the laundry are not limited to the space confined within the boundary of its walls, for it is not alone the treatment received by infected clothing when in the laundry that is of importance, but of equal moment are the precautions to be taken in removing it from the patient and conveying it from the ward. In these respects the greatest care is to be exercised by the attendant to whom the duties fall, in that neither he himself nor others in the vicinity may become infected. A number of plans, having for their object the removal of infected clothing from the wards of hospitals to the laundry, have been suggested, but relatively few of them are put to practical use.

(To be continued.)

HOSPITAL AND TRAINING-SCHOOL ITEMS

IN CHARGE OF

LINDA RICHARDS

THE new entrance building at the Pennsylvania Hospital is nearing completion. The building, which is to be used for administration purposes, will cost sixty thousand dollars, and it is expected that it will be finished by December 1. It is one story with basement, and is of brick with white limestone trimmings and colonial style in architecture. The entrance-door is eleven feet high and faces the Eighth-Street gateway. The steps approaching the building are of massive granite, and granite pillars flank the door-way.

THE Burlington County Insane Asylum, on the County Farm, near the Almshouse, at Lisbon, New Jersey, is nearly completed.

PLANS have been accepted for a new building at the State Hospital, Rochester, New York. The building when completed will accommodate five hundred patients.

A WONDERFUL new hospital has just been built in Paris which promises to make a revolution in the world of medicine. It was the dream of Pasteur's life, and, strangely enough, a few days before his death the large funds necessary for the purpose were offered anonymously to this great man, and he had the pleasure during his last days on earth of knowing that one of his dearest ambitions would be fulfilled. The hospital stands opposite the Pasteur Institute. The building consists of isolated blocks joined by underground corridors. There is a beautiful winter garden and a summer garden for patients.

The whole system is worked on the plan of disinfection and isolation. On entering the hospital the patient is given a bath. He is then put into hospital clothes and put to bed, in which he is wheeled to an isolating-room. The room he has just left is disinfected; so are his clothes. The system is so planned that infection would be impossible. Each block contains twenty-four rooms containing one bed each, and two wards for convalescents with twelve beds. The air-space of each room is thirty-nine cubic metres instead of the regulation thirty. At

present diphtheritic patients and persons bitten by rabid animals are being treated, but the hospital is not to be confined to these cases when the entire building is complete. It is a splendid memorial to one of the most wonderful men the world has ever seen.

The corner-stone of the Aurelia Osborn Fox Hospital, at Oneonta, New York, was laid October 5. The hospital is a gift to Oneonta from Colonel Reuben L. Fox, secretary of the Republican State Committee. It will cost twelve thousand dollars, and is erected to the memory of Colonel Fox's wife.

St. Louis, Missouri, is to have a germ-proof hospital, the first of its kind ever built. There will not be a crack or corner in the whole hospital in which a germ or speck of dust can rest.

Bacteria, microbes, and other insidious agents of disease will be fought scientifically. The institution will be stairless. This is a new feature in hospital building and very necessary. Gradual inclines will do away with the labor of climbing steps.

The corners of the rooms and halls will be rounded at the ceilings and floors. This expedites the cleaning of rooms and insures the absolute removal of the most minute particles of dust. The floors will be of vitrified tile, and the wainscoting of enamelled brick. The hospital will be absolutely fire-proof. The ventilation will be as nearly perfect as possible, and there will be an abundance of sunlight.

The system of sterilization will be extensive and complete. It will embrace even the laundry. Every drop of hot and cold water will be thoroughly sterilized. The system of sterilization of the clothes of the surgeons and nurses, as well as for dressings and instruments, will be of the latest invention. Everything must go into a machine capable of having live steam at a temperature of 1000°. There will be no chance for any germ to live or be conveyed by contact.

San Francisco, California, has the largest and most finely equipped military hospital in the United States. It covers six acres of ground. The buildings, which are of wood, are built around a court and are on the pavilion plan. These buildings have wide corridors opening on to the court.

There are sheltered verandas with floors a little on the incline, to avoid steps for patients to climb, and these verandas are glass-enclosed in places exposed to the prevailing winds.

There are ten long, sunny, airy, cheerful wards, each with its sun-room, linen-closet, pantry, bath-room, and lavatory. Each ward has

forty beds of the most approved hospital style. The bedside tables are glass-topped with enamelled iron frames. There are plenty of comfortable arm- and rocking-chairs. A generous supply of patients' clothing is provided for each ward, besides an abundance of bed- and table-linen. There is an up-to-date operating-room with all of the modern appliances, and in connection with it a dressing-room for patients. The hospital has a library and reading-room with a good piano, and a congregate dining-room for convalescents.

The kitchen, store-rooms, and refrigerators are large and complete in arrangement. The institution has its own electric-light plant, its own ice plant, disinfecting department, printing office, post-office, carpenter-shop, and a general property-room, where each patient's belongings have a separate pigeon-hole. One finds displayed here thought, care, and system,—system which differs from "red tape,"—and this is noticeable from the front door to the remotest hopper of ashes.

Miss Fannie Baxley and Miss B. C. Searles, of Oakland, California, have taken a house and have fitted it up for the accommodation of patients. A number of the local physicians have taken an interest in the work, and these nurses have been gratified to find, after an experiment of two months, that the venture is a success. They have room for twelve patients, most of whom are afflicted with troubles which prevent their admission to regular hospitals which refuse to take incurables.

The annual graduating exercises of the Williamsport Hospital Training-School, Williamsport, Pennsylvania, took place at Association Hall on the evening of November 1. The annual address was delivered by Dr. Hare, of Philadelphia. After the exercises a reception was held at the new Ida Hayes McCormick Home for Nurses, which was at that time formally turned over to the hospital trustees by the generous donor, Mrs. H. C. McCormick, wife of ex-Attorney-General Henry C. McCormick.

Plans have been prepared for the erection of a new hospital for the insane at Jenkintown and Torresdale Avenues, east of Ogontz, Pennsylvania.

The graduating exercises of the Elizabeth General Hospital Training-School, Elizabeth, New Jersey, were held on October 15. Eight nurses were graduated.

Work on the new addition to the Delaware Hospital, Wilmington, Delaware, is so far advanced that some idea of its general appearance

can be formed. When finished it will be an attractive building and complete in equipment.

On the afternoon of October 25 the Memorial Hospital for Women and Children, Closson and St. Mark's Avenues, Brooklyn, New York, held its annual reception and harvest offering. Stores for the winter, delicacies for the sick, and considerable money were received.

St. Anthony's Hospital, Bemidji, Minnesota, has been completed. The building is strictly modern throughout. This institution is under the management of the Sisters of St. Benedict, of Duluth.

The Meyers Hospital, Sodus, New York, has been opened. It will accommodate forty patients.

The Alumnæ of St. Luke's Hospital Training-School, South Bethlehem, Pennsylvania, met in the Administration Building of the institution, Thursday, October 18, at two P.M. A very good number of members were present.

In accordance with a vote taken last year to appropriate a certain amount of the funds yearly to add to the comfort or convenience of the Nurses' Home, the sum of fifty dollars was given to purchase rugs for the bedrooms.

There being no new business, the election of officers followed. Miss Parish was elected president, with Miss Dorrance vice-president, Mrs. Munn secretary, and Mrs. Edwards treasurer.

The Ladies' Aid Society, which met in the adjoining parlor at the same hour, very generously offered to furnish new felt mattresses for the nurses' beds.

This society has during the past year presented the school with a fine skeleton. The Library Fund, started by Mrs. Robert Sayre, Sr., has been drawn from to supply many much-needed text-books.

The graduating exercises of the class of 1900 followed the alumnæ meeting. Medical and surgical reports were read by Dr. Estes, physician and surgeon-in-chief. The financial report was read by Dr. Chandler. At the close of this report Dr. Chandler announced that an endowment fund of ten thousand dollars for the support of the children's ward, the gift of Mr. E. P. Wilbur, Sr., had been received, and that Mr. Samuel C. Thomas, of Catasauqua, would build a new operating-pavilion. Both gifts were received with much enthusiasm. At the close of the exercises a tea was given by the alumnæ to the nurses, to which many of the Ladies' Aid remained. It is proposed to increase the number of nurses in the training-school the coming year.

THE commencement exercises of the Erie County Hospital Training-School, Buffalo, New York, took place in the Nurses' Cottage on the evening of October 31.

The cottage was very prettily decorated in pink and white, the school colors. The graduates, eleven in number, preceded by the medical superintendent, Dr. E. J. Gilroy; the superintendent of nurses, Miss Emma J. Keating; the night superintendent, Mrs. M. M. Davis; the nursery matron, Mrs. Adele M. Swain, and the undergraduates, thirty-five in number, entered the audience-room at eight-thirty. The exercises consisted of addresses and music, followed by the awarding of the diplomas by Dr. A. A. Hubbell, and the presenting of the badges by Dr. F. S. Crego, after which Miss Emma J. Keating, superintendent of the school, administered the Hippocratic oath, and the exercises were closed by a dedicatory prayer.

Refreshments were served in the dining-room to the large number of guests and friends of the nurses, after which dancing was enjoyed until midnight. This was the fifth annual commencement. There are now seventy graduates of the school, which was organized in 1894. Beginning with the year 1900, the school extends over a period of three years, instead of two years, as in the past.

A GATHERING of unusual interest took place at the Temple Café, Toronto, Ontario, at two-thirty P.M. on October 16, when the graduates of the Training-School for Nurses in the Toronto General Hospital met at luncheon. Among those present were Miss Snively, superintendent of the Toronto General Hospital; Miss Dugald, assistant superintendent; Miss Sheppard, of Guelph; Miss Chilman, of Stratford; Miss Bowman, of Hamilton; Miss Hollingsworth, of St. Catherine's; Miss Scott, Miss Tweedle, Miss Sharp, Miss Davis, Miss Bowerman, Miss McKellar, Miss Bailey, Miss Stewart, Miss Craig, Miss Gladstone, Miss Roberts, Miss Holdons, Miss Gordon, Miss Munsey, Miss Burkholder, Dr. Helen MacMurchy, and Miss Katharine Lawson. The tables were arranged in buffet style about a centre-table which bore a beautiful centre-piece of crimson and pink roses. Vases of roses were placed on the smaller tables, while sprays of roses were scattered about on the white cloths.

The menu was elaborate, consisting of soup, entrée, roast, vegetables, salad, ice-cream, coffee, and lemonade. There were toasts and responses.

After the luncheon the annual business meeting was held, when most satisfactory reports were presented by the secretary, Miss Sharp, and the treasurer, Miss Dugald.

The attention of the alumni was devoted to the discussion of two important matters,—first, a home for graduate nurses, to be open to all general nurses, who will have a place for rest and retirement, congenial society, and the enjoyment of intercourse with kindred spirits, and, second, the formation of a sick-benefit association. In connection with this association, there shall be an endowed bed either in the General Hospital or in the proposed home.

Both matters met with the fullest approval of the alumni, and steps will be taken during the coming year to secure some tangible result of the deliberations.

Work was commenced on the new Quarantine Hospital, Minneapolis, Minnesota, September 25. The contractors are under bonds to complete the hospital in seventy days from the time the work was started. This hospital will cost when complete about twelve thousand dollars. The site upon which it is being built is on high ground and near the Detention Hospital, which was built last winter. When the new building is finished the old one will be burned.

At the close of its first year, Surgeon-General Wyman, of the Marine Hospital Service, pronounces the experimental Consumption Hospital at Fort Stanton, New Mexico, an unqualified success. Fort Stanton was chosen because the climatic conditions in that part of New Mexico have been pronounced by experts the finest in the world for pulmonary diseases. Consumptive patients from the Marine Hospital Service hospitals all over the country were transferred to the hospital, and other patients were also received.

Several wonderful cures have been wrought, while with one or two exceptions patients have shown marked improvement within a few days after arrival. Fort Bayard, New Mexico, where climatic conditions are the same, has been turned over to the surgeon-general and will be conducted as a general hospital for soldier patients.

The beautiful new Farren Hospital, at Montague City, Massachusetts, which was begun one year ago last spring, was dedicated October 23. The beautiful building, which Mr. Farren has erected as a memorial to his son, is the result of ten years of careful study and thought.

Hebrew women of Pittsburg, Pennsylvania, are working on a scheme to establish a new hospital. They have seven thousand dollars in hand. Persons are induced to join a society and pledge themselves to pay ten cents per week. The society has over four hundred members.

THE Board of Trustees of the State Insane Hospital, Jackson, Mississippi, announces that the two new annexes, erected at a cost of forty thousand dollars, will be ready for occupancy by December 1. When these two buildings are opened it is expected that a large number of unfortunates now confined in county jails and those being cared for by relatives will be taken to the hospital. The hospital has been too crowded to admit any new patients for months, and the annexes are sadly needed.

OFFICIALS of the Department of Charities in Brooklyn, New York, have asked for one hundred and forty-nine thousand dollars to improve, equip, and maintain the Homœopathic Hospital on Cumberland Street. When the hospital was acquired by the city it was equipped as a private institution. It was not fitted for the purposes of the Charities Department. It formerly accommodated one hundred patients. It is proposed to so change and enlarge it that it will accommodate two hundred and thirty-six patients. There will be a public dispensary, which will cost considerable to equip. The Charities Department desires to open the hospital at the earliest possible date, as it is badly needed.

AT Atlanta, Georgia, a petition has been filed in the Superior Court asking that a charter be granted incorporating "The Hospital of the Atlanta Circle of King's Daughters and Sons." This hospital will be for incurables.

THE new Emergency Hospital, of Columbus, Ohio, was formally turned over to the city on October 13. The hospital has been in that part of the prison known as "the wooden cells." It was a dingy and uninviting-looking place. Chief of Police Tyler conceived the idea of an Emergency Hospital for the city, the members of the Council approved, and a resolution was introduced and passed authorizing the changing of that portion of the prison into a hospital.

FORT CROOK, Nebraska, has a grant of twenty thousand dollars to build an extension to the Military Hospital. It is to be an independent building of brick on stone foundations which will harmonize with the other buildings. The hospital now accommodates thirty patients and has not the conveniences of a well-regulated hospital. These will be provided in the new wing.

THE Atlantic Coast-Line Railway has completed its Relief Hospital at Rocky Mount, North Carolina. It is in charge of Dr. Man-

ning, son of the late Hon. John Manning, dean of the Law School at the University of North Carolina.

The Daughters of the American Revolution, of Syracuse, New York, have honored the memory of Miss Clara Ward—a young army nurse who volunteered for the Spanish-American War under the D. A. R. auspices, and died at Fort Meyer of typhoid fever contracted at her post of duty—by placing a brass tablet on the wall of the Syracuse Hospital for Women and Children, from the training-school of which Miss Ward was graduated. Sunday, October 28, the anniversary of Miss Ward's death, was chosen as the day for unveiling the tablet. Appropriate services, in which the Children of the Revolution, the Sons of the Revolution, and Onondaga Historical Association took part, were held at the unveiling.

The total population of the several State Insane Hospitals of New York, according to returns at hand for the year ending September 30, has increased by seven hundred and fourteen over the previous year.

Miss Erika Paulus, twenty-five years of age, has been commissioned to build a hospital in Mediasch, Germany. She is the daughter of an engineer, and has already planned and erected several fine, large buildings.

A two-story brick laboratory, fifty by twenty-five feet, and costing twenty thousand dollars, is to be built by the city as an addition to the Willard Parker Hospital, Sixteenth Street and East River, New York City.

Miss Ebersole, graduate of the Illinois Training-School, Chicago, Illinois, and for a number of years in charge of the training-school at the Freedmen's Hospital (colored) in Washington, D. C., where her work was very distinguished, has been offered and accepted a position in Howard University (colored, of which the hospital is a department). She is superintendent of the college hall for young women and instructor in anatomy and physiology and domestic science.

New Whatcom, Washington, is to have a new hospital, which will, when completed, cost twenty-five thousand dollars. Bishop O'Dea, of the Diocese of Nisqually, which embraces the ecclesiastical seats of Washington, Idaho, and Oregon, laid the corner-stone September 25.

THE Union Hospital Corporation of Fall River, Massachusetts, is a consolidation of the Fall River and Emergency Hospitals, and will build a large union hospital on the site deeded to the corporation by Hon. John S. Brayton. The new hospital will cost one hundred thousand dollars.

THE Woman's Hospital Association of Batavia, New York, has received plans for the buildings which will be part of the hospital system. The plans are those of the contagious ward and a building for emergency cases. These buildings will be put up at once.

THE new receiving pavilion at Bellevue Hospital, New York, is nearing completion.

THE new Polish hospital, St. Mary's of Nazareth, for which the foundation is now being laid at the corner of Lowell and Thomas Streets, Chicago, Illinois, will be in its plan and equipment the most modern hospital in the city. It will occupy an entire block, and when completed is to cost two hundred and fifty thousand dollars.

It is expected to be ready for occupancy by October, 1901. The building follows the French renaissance style of architecture, and will be constructed of stone and pressed brick. The hospital is being built by the Sisters of the Holy Family of Nazareth, a Polish society organized in 1874.

THE agents of Mrs. Leland Stanford are negotiating to secure certain of the Paris Exposition buildings which can be taken apart and erected upon ground already purchased in a pleasant suburb of Paris to serve as an American hospital. Such an institution is more and more needed with the growing number of Americans of both sexes employed by United States firms opening branches in France. The English colony maintains a splendidly appointed hospital, but though American patients are occasionally admitted, lack of room often precludes it. Mrs. Stanford will not only give the land and buildings, but a sufficient endowment to maintain sixty beds and the staff needed.

CORRECTIONS.—In the November number, page 148, New Home Hospital should read, New Haven Hospital.

Page 150, Martin Hospital should read, Morton Hospital.

FOREIGN NEWS

IN CHARGE OF

LAVINIA L. DOCK

ORGANIZATION NOTES AND CURRENT EVENTS

NURSING ORGANIZATION IN AUSTRALIA

[Miss S. B. McGahey, superintendent of Prince Alfred Hospital, Sydney, has kindly sent the following account to The American Journal of Nursing. Miss McGahey is a graduate of the London Hospital.—Ed.]

"Years have passed away since the first attempt was made in Sydney to establish some form of registration for the trained nurse. Many difficulties arose then and since, and even as late as the beginning of 1899 the outlook was anything but promising; but, fortunately for the trained nurse, registration in the Australasian colonies has now become an established fact. It was brought about in this way: one of the leading Sydney surgeons invited several nurses and doctors to meet at his house to discuss the advisability of establishing a bureau where medical men and the public could obtain trained nurses at short notice. The nurses were not in favor of this proposal, and after a few months' deliberation a public meeting was held in Sydney, to which were invited the members of the medical profession and the trained nurses. To this meeting was submitted for alteration or approval a constitution, which was drawn up by a sub-committee consisting of doctors, matrons, and nurses. The meeting decided to name the association after the colony in which it took its inception, and for some months it bore the name of the 'New South Wales Trained Nurses' Association.'

"A few clauses in the constitution were not passed, one in particular being concessional, which was drawn up to meet the case of those who had been trained when twelve, fifteen, eighteen months', and two years' certificates were granted. Unfortunately, a big majority of nurses holding three-year certificates were absent from the meeting, and they, together with those who had been outvoted, got up a petition asking the president of the association to call a general meeting to reconsider the concessional clauses which had been rejected, thereby excluding their fellow-nurses, trained before the three-years' system was adopted. Some months later a meeting of the members was called, and by a big majority the following clause was passed:

"'Any nurse who can show to the satisfaction of the council that she has been engaged for not less than three years in the bona-fide work of medical and surgical nursing, either in hospitals or in private nursing, and can produce certificates of competency and good conduct satisfactory to the council from at least three reputable medical practitioners as to her attainments and repute,

shall be eligible for registration up to March 31, 1900, subject to the approval of the council. Provided always that the council shall have power in any case to direct that any candidate under this rule may be examined in practical nursing by three examiners appointed by the council; and provided further that in the case of nurses registered under this rule the qualification in the Register shall stand as "Admitted by the council under the provision of Rule XXI."'

"In view of the fact that many nurses trained in other colonies had joined the association, it was suggested that its name should be altered, so as to embrace the whole of the Australasian colonies. This suggestion was accordingly adopted, and for some months it has been known as the Australasian Trained Nurses' Association.

"On July 20, 1900, the number of male and female nurses registered by the association amounted to three hundred and twenty-six. Of these two hundred and eighty-four are living in New South Wales, eighteen in Queensland, fifteen in Victoria, three in Tasmania, two in Western Australia, two in New Zealand, and two in South Australia. The council of the association has issued to all the hospitals in the Australasian colonies a schedule, giving in detail the minimum amount of instruction deemed necessary to qualify nurses working in such hospitals for registration. Already a number of the large hospitals and some of the smaller ones, whose course of instruction is known to include the necessary teaching, have been recognized.

"One of the objects of the Australasian Trained Nurses' Association is to initiate and control schemes that will afford nurses a means of providing an allowance during incapacity for work caused by sickness, accident, age, or other necessitous circumstances, and with a view to carrying out this object it was considered advisable to make the association as widely known as possible. This the council of the association was able to do through the kind courtesy of the mayor and mayoress of Sydney (Sir Matthew and Lady Harris), who gave a conversazione in the Sydney Town Hall, to which they invited about eighteen hundred of the well-known members of society and all the nurses of the association.

"The Australasian Trained Nurses' Association is daily becoming better known, and it is hoped before many years have elapsed that the medical profession and the public who employ nurses will have only those who are properly trained, and thereby stamp out the untrained women who style themselves nurses and flourish in the Australasian colonies.

"A Benevolent Fund has been inaugurated, and although the amount subscribed is small, yet hopes aré entertained that it will grow steadily till the required amount is obtained.

"S. B. McG."

THE NEW NURSING ASSOCIATION IN HOLLAND

THE "Dutch Association for Furthering the Interests of Male and Female Nurses," of which we spoke in a previous issue, has, we learn from the correspondent of the *Nursing Record*, lately held a general meeting in Amsterdam.

The association aims to unite the men and women nurses of Holland into one band, and to further their interests in all ways. Articles of agreement include the following objects:

"1. The organization of meetings where mutual interests shall be discussed.

"2. The publishing of a special organ and other writings, and the founding of a library.

"3. The establishing of a central office for addresses.

"4. The founding of pension funds and sick funds.

"5. The building of homes for sisters.

"6. Co-operation with other societies having similar aims.

"The association is to be managed entirely by nurses, men and women."

Does not this all sound quite natural? We believe here are some congenial spirits, and hope to become better acquainted in the future. A Preliminary Board of Management, whose chairman was Dr. C. F. Schreve, presented a constitution and did the initial work. The chairman in his address urges the strength of union, and declares his hostility to the maxim, "Divide and reign," which had previously obtained in the nursing world.

He mentions prejudice and opposition to the new association, but also promise of a large membership, and cautions keeping out of politics; which hints loudly to us of past trouble.

A GERMAN NURSE AUTHORESS

It is delightful to find in the September number of *Unter dem rothen Kreuz* a notice of a book on nursing written by a German nurse, a Red Cross Sister. Among many books and lectures on nursing written in Germany, this is the first one of which we have heard as written by a nurse.

According to the review, it is a text-book for nurses and families called "How Shall we Care for our Sick?" and, beginning with a simple treatise on anatomy and physiology, goes on to describe symptoms and the care of medical and surgical cases, finishing with a chapter on cookery for the sick, with receipts.

While the book no doubt deserves all the praise which the reviewer gives it, the most interesting thing about it, in our opinion, is that a German nurse has written it.

ST. BARTHOLOMEW'S LEAGUE FOR NURSES

The League of St. Bartholomew's Nurses is growing rapidly, its membership now exceeding that of our older associations.

League News, its official publication, is a very handsomely gotten-up journal of twenty-four pages, bound in the same green as our own magazine, and containing editorial matter, contributions and news, foreign correspondence, and names and addresses of members. The first number appeared in May and the second in November just passed.

We suggest that those of our alumnæ associations which publish a journal exchange with the league. It will give them a fresh feeling of unity and of the identity of our movements. The objects of the league are: "By union to encourage the members to maintain a high standard of work and conduct," "Mutual help and pleasure," and "To promote the establishment of a fund for the relief of former nurses of the hospital who are in distressed circumstances and need either temporary or permanent help."

The editor says, among her remarks: "Among Bart's nurses the sense of comradeship and unity is strongly felt, and it is meet that they should be the first to form themselves into an association. The pioneers of any movement must always face difficulties and mistakes, and must be prepared to be criticised in no very friendly spirit. There is only one real danger, and that is, want of unanimity among themselves. Difference of opinion there must be on every subject,—religion, politics, ethics. Without opposition there is no life, and differences of opinion are always healthy when there is also generosity of feeling and reserve in utterance."

Does this not speak to all of us?

LETTERS

"U. S. Ship Relief, Manila Bay.

". . . . Our trip on the transport was very enjoyable. There was a great deal to see in Honolulu, but I was just a trifle disappointed: it is not exactly as one knows it from books. You see very little of the real life of the natives. One needs to go far back into the island to see how they live." . . . "I had a fine opportunity to see Manila; it is so picturesque and beautiful. You would enjoy the churches, which are numerous and beautiful, with vines, shrubbery, and even small trees growing out from their walls. The interiors are handsome, with inlaid hard-wood floors or marble tiling. One church had the entire ceiling, columns, altar, and pulpit carved in hard wood. It took years to do this carving, and in the States it would be almost priceless. It was all done by Filipinos.

"The women here wear peculiar garments of cloth woven from the banana and cocoanut fibre." . . . "There is a curfew law, and no one is allowed in the street after eight-thirty. It used to be seven-thirty.

"'Old Manila' is the walled city and has most of the old churches. The 'Luneta' is a fine drive-way on the water front bordered on both sides by palms, at one end a large plaza with a band-stand in the centre and a drive going all around. A band plays here every evening, and hundreds of carriages are to be seen.

"In former times the Spaniards used to bring their prisoners here and shoot them right while the concert was going on. This was their principal amusement. Wasn't it horrible?"

"On one of the trips of the Relief, after taking on nearly two hundred patients, we were signalled that there was fighting farther north, and help was needed." . . . "The Relief took on over two hundred cavalrymen to go to the rescue. Every hospital corps man and steward was dressed in his uniform ready to take up arms. The ship had both engines on; steam and hot water were shut off all over, so that she could make eighteen knots an hour. It was a rush for life. When she was well under way, the excitement, which was intense, was added to by the worst enemy of all,—our ship was on fire!

"The shrill blasts, however, were not given, for fear of creating a panic among the sick and wounded. Everything was done quietly. The soldiers were all regulars and disciplined, and there was not the slightest confusion. On we rushed, but had to drop to seventeen knots and the decks were flooded for hours, so as not to catch again from the heat of the smoke-stack. When we reached our

destination the fight was over, and we took on wounded who had driven thirteen miles in ambulance." . . .

"As soon as we anchored the little native boats surrounded us, each flying a white flag and selling native fruits." . . .

"HONG-KONG, CHINA, ——, 1900.

". . . . Hong-Kong is beautifully situated on a mountainous island which comes right down to the water's edge. At night the effect is gorgeous, with the millions of lights scintillating on the mountain side almost up to its peak, and the thousands of lights in the harbor like so many brilliant stars.

"The peak is reached by a tramway running up three-fourths of the distance; here coolies wait with sedan-chairs swung on bamboo poles, which they carry on their shoulders, to carry you still farther. About a hundred yards from the top you get out of the chair and climb to the peak, where the signal-station is situated. As you are out of breath from climbing, you cannot give vent to your admiration of the magnificent view which greets you.

"Honolulu, the 'Paradise of the Pacific,' is beautiful, but Hong-Kong surpasses it in natural scenery and beauty. There are many beautiful residences here, but for real Chinese life go to Canton.

"Imagine a city of two million inhabitants, half of them living on 'sampans' in the water; the streets averaging seven feet wide; houses so close that in places you cannot see the sky above you; shrieking, yelling humanity, like a swarm of flies, and an odor that will last a lifetime. This is Canton. We saw temples galore: 'Flowery Forest Monastery, or Temple, of Five Hundred Genii;' 'Kwong-hau Temple of Buddha,' A.D. 250; 'The Viceroy's Literary Club;' 'Temple of Queen of Heaven,' and many others.

"'Examination Hall' consists of eleven thousand stone cells, where the students from Pekin come to take their civil examinations. The old water clock, five hundred years old, still keeps time.

"The carved ivory and kingfisher-feather works were very interesting, but the feather-workers are said to become blind in a few years.

"We went in a launch to Macao, a Portuguese settlement about forty miles down the coast. It is one of the prettiest and cleanest cities I ever saw. Here are silk and tea industries, opium farms, etc. The Public Gardens are fine, and here is the Grotto of Camoëns, the Portuguese poet.

"We also visited the big gambling-house, where the great gambling-game 'fantan' is played. While there we saw a Chinaman put down a large roll of bills and receive three times the amount.

"Looking out upon Canton and the surrounding country from a five-story pagoda, it is a land of graveyards. For miles and miles you see nothing but graves.

"We return to Manila in a few days." . . .

"M. PFEIFER."

[Miss Pfeifer is the graduate of a Cincinnati school, we do not learn of which one, and spent a year on the United States Hospital Ship Relief, visiting nearly all the islands of the Philippines, and seeing much of interest. We hope she will relate more tales in the future.—ED.]

MISS WATERS, Johns Hopkins Hospital, is spending the winter in Hanover, studying German.

EDITOR'S MISCELLANY

[SPACE will not permit of our printing all of the congratulatory letters received, but we have selected the two given below, as showing the spirit in which our journal is being received in England.—ED.]

LONDON, October 12, 1900.

"*To the Editors of* THE AMERICAN JOURNAL OF NURSING.

"DEAR EDITORS: A thousand congratulations upon the appearance in the journalistic world of THE AMERICAN JOURNAL OF NURSING. I have read the copy so courteously sent to me with much pleasure and profit. Your organ is sound in letter and in spirit, and it cannot fail to advance the progress and efficiency of nursing and nurses, which earnest women in many lands have so much at heart.

"I am yours faithfully,

"ETHEL GORDON FENWICK,

"President of the International Council of Nurses."

"*To the Editor of* THE AMERICAN JOURNAL OF NURSING.

"DEAR MADAM: I have this morning received a copy of the first number of THE AMERICAN JOURNAL OF NURSING, and its perusal has been such a keen delight to me that I must at once write to thank you for it. It is safe to predict for a journal with so strong an editorial staff, with the backing of the Associated Alumnæ of the United States of America, and so excellently produced a successful future. Popularity and success are, however, not the first considerations in a professional journal, and what is so encouraging in the new JOURNAL OF NURSING is the professional tone which runs through it from cover to cover. In this country the *Nursing Record* has had a hard and single-handed fight in endeavoring to maintain the professional nature of nursing work and the professional interests of trained nurses. But for its courageous fight we should inevitably have sunk as a profession into the Slough of Despond. Those who have watched the difficulty of the evolution of the professional nurse in European countries cannot fail to realize the powerful influence for good which your splendid organ must exercise for the benefit of trained nurses at large.

"May I, as honorary secretary of the Matrons' Council of Great Britain and Ireland, also say with what pleasure I note your remarks upon it? They demonstrate how well you understand the aspirations of this society, and your appreciation of the work it has tried to do must be gratifying to all its members.

"With the warmest good wishes for your success,

"I am, dear madam, yours faithfully,

"MARGARET BREAY."

ALBANY NURSES MEET

ON November 10 a large number of nurses met in the reception-room of the Albany Nurses' Home to hear of the movement for State organization. Besides the graduates and pupils of the school, many other graduates were present, representing the hospitals. Miss Dock, who had been appointed by the Committee

on State Organization to speak to a certain number of hospitals, gave an account of the movement so far and of its aims for the future. It was the great privilege of the Albany nurses to have present Dr. Vanderveer, one of the regents of the University of New York, who, though weighted with every kind of responsibility, came to the meeting expressly to show his sympathy with our efforts towards a definite educational standard. After Miss Dock had spoken, Dr. Vanderveer told the nurses something of the pioneer work in medical legislation, of which he was one of the earliest leaders. He described the conditions when men could practise who had not even spent fourteen weeks in a medical school. The first State law that they endeavored to get passed in New York State to regulate the practice of medicine provided for registration of diplomas with the County Clerk,—nothing more,—" yet even with so simple a law as this," said Dr. Vanderveer, " it took us *ten years* to get it passed." Once passed, little by little the amendments were made which brought it up to the high standard it at present maintains. His advice to us was to preserve the historical sense, and not to attempt everything at once; but, when we sought legislation, to be satisfied with a small beginning. He ended by assuring us of the support and encouragement of the regents. After the meeting a number of nurses met in the sitting-room of Miss McDonnell, the superintendent of nurses, to plan for a local organization.

NATIONAL COUNCIL OF WOMEN

The secretary of the American Society of Superintendents having reported a majority of that body in favor of affiliating with Associated Alumnæ for the purpose of obtaining membership in the National Council of Women, and that the president, Miss Keating, and Miss Merritt, first vice-president, would represent the interests of the superintendents' association, Miss Healy, treasurer, and Miss Thornton, secretary, have been appointed (for full particulars of proceedings see page 23 of Third Annual Report) to act for the Associated Alumnæ, and during the month these officers will decide upon the member-at-large and proceed to draw up such articles as shall seem to be necessary, so that probably in a short time matters will be perfectly arranged for applying for the desired membership.

Mary T. Thornton, Secretary.

GRADUATE NURSES' ASSOCIATION OF CLEVELAND

The graduate nurses of Cleveland have for some time realized the fact that the lack of union among nurses located in Cleveland has prevented them offering the necessary assistance and support to each other. Without this union it has also been impossible for them to take their share of work in the questions of the day which touch all nurses in general.

Spurred on by the example of the Buffalo nurses, on May 28, 1900, fifty nurses, representing twenty different schools, met at the Lakeside Hospital with the avowed purpose of organizing themselves into a local association.

That first meeting and also the one held in June were necessarily devoted exclusively to the work of organization. Officers were elected and the constitution was drawn up and accepted.

As there were no meetings held during the summer months, the society as yet has had little opportunity for work, but we hope by May, 1901, to be able to show some results.

The meeting held on Tuesday, September 25, being the first at which a programme was possible, a paper was read by the president on "The Objects of the Organization." This was followed by a paper and discussion on "Central Registration for Nurses." The October meeting will be devoted to the "duties and position of a head nurse," "the graduate nurse on special duty in a hospital," "district nursing."

There are a large number of nurses in Cleveland, good, bad, and indifferent. To protect ourselves our constitution requires that members of the association must be graduates in good standing of schools connected with general hospitals of not less than fifty beds, and giving not less than two full years' training in the hospital.

The officers of the association are:

President, Miss M. Helena McMillan, Illinois Training-School, Chicago.

First vice-president, Miss E. Maude Smythe, City Hospital, Hamilton.

Second vice-president, Miss Jean Hurdley, Harper Hospital, Detroit.

Recording secretary, Miss Lauder Sutherland, General Hospital, Toronto.

Corresponding secretary, Miss Florence Burt, Illinois Training-School, Chicago.

Treasurer, Miss Sophia Sunberg, St. Luke's Hospital, New York.

Councillors: Mrs. Hunter Robb, Bellevue; Miss Linden Mackey, Lakeside Hospital, Cleveland; Miss Fanny Wright, Lakeside Hospital, Cleveland.

COMMITTEE TO CONVENE CONGRESS OF NURSES

THE important work of convening a Congress of Nurses to meet in Buffalo next year to celebrate the new century will be undertaken by a committee composed as follows: Miss Damer, representing the Buffalo Nurses' Association, the hostess organization, and the officers of the Associated Alumnæ and of the Superintendents' Society, viz.: Miss Keating and Mrs. Robb, Miss Merritt and Miss Hackett, Miss Healy, Miss McIsaac, Miss Alline, Miss Thornton, Miss Griswold, Miss Milne, Miss Nutting, Miss Riddle, Miss McDowell, Miss Richards, Miss Snively, and Miss Dock. Other names may be added later. The names of this committee are ample evidence that the work of organizing a congress will be undertaken in a thoroughgoing way.

STATE ORGANIZATION WORK

MISS DOCK has been addressing the graduates of the hospitals assigned to her by the chairman of the Committee on State Organization, viz.: Roosevelt, Lebanon, New York, Albany, Woman's Infirmary, Post-Graduate, and Amsterdam Training-Schools for Nurses, during the month of November on the important work of State organization.

NEW WORK OF THE NURSES' SETTLEMENT

THE Nurses' Settlement in New York City has lately opened a "First Aid Room" in Mulberry Street, in the Italian quarter. There are already two of these First Aid Rooms in full operation under the settlement nurses in other parts of the crowded quarter, this making the third, and no part of their work seems more needed than this. They are not dispensaries in the strict sense of the term. No doctors are in attendance or medicines given, but minor surgical cases such as a nurse can attend to are cared for. Innumerable burns, local in-

fections, cuts and bumps, and small accidents come in, and also many eczemas of the scalp and face, conjunctivitis, and similar troubles common in ill-nourished children.

In these densely crowded quarters there is an enormous amount of such work to be done, hardly important enough to receive attention in the large, crowded dispensaries, where the patient often has to wait for hours for treatment, yet really important to the general health. As an example, in the new room the nurses gather in from fifteen to twenty eye-cases in an afternoon, none of whom were going to dispensary or receiving any treatment. But with the nurses at hand, the mothers can easily run in with their children, and many working-people who cannot get off during dispensary hours are glad to have a place where dressings can be renewed after working hours.

In the month of September the number of these cases dressed in the two "First Aid Rooms" ran over thirteen hundred, and during October, in the three rooms, over seventeen hundred.

Cases which need the attention of a physician are, of course, always referred to the proper source.

THE following is the list of students who are taking the course in "Hospital Economics" at the Teachers' College, Columbia University, New York:

Mrs. Mary V. Sullivan, graduate of Johns Hopkins Hospital School for Nurses.
Miss Mary Dorothy Strobel, graduate of the Cincinnati City Hospital School for Nurses.
Miss Ida Russell Palmer, graduate of Newport Hospital School for Nurses.
Miss Kate Anne Grenier, graduate of Massachusetts General Hospital School for Nurses.
Miss Elizabeth M. Beatty, graduate of Pennsylvania Hospital School for Nurses.
Miss Minerva L. Lowry, graduate of Rochester Homœopathic Hospital School for Nurses.
Miss Annie Roberts Young, graduate of New York Hospital School for Nurses.
Miss Alice E. Underhill, graduate of S. R. Smith Infirmary (New Brighton) School for Nurses.
Miss Florence M. Fraser, graduate of Cincinnati City Hospital School for Nurses.
Miss Blanche Page Hart, graduate of Wisconsin Training-School, Milwaukee.

For further information respecting the course in "Hospital Economics," address the secretary of the Teachers' College or Miss Anna L. Alline, Teachers' College, West One-Hundred-and-Twentieth Street, New York City.

A NEW BOOK

MRS. ISABEL HAMPTON ROBB has ready for the press a new book on Ethics.

MISS DOCK'S "Materia Medica" has been arranged according to the British Pharmacopœia by Miss Bean, a nurse graduate of the Johns Hopkins Hospital, and is just now being brought out in London by Putnam.

HOURLY NURSING

CAN anyone through the JOURNAL inform me how to start in hourly nursing, or the best method in starting such work in New York City?

A GRADUATE NURSE.

CHANGES IN THE ARMY NURSE CORPS

CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING NOVEMBER 12, 1900

ALLAN, JEAN, nurse, appointed November 1 for duty in the Philippine Islands.

Armistead, Amanda J., nurse at First Reserve Hospital, Manila, transferred to the Second Reserve and promoted to be chief nurse there.

Bear, Carrie D., nurse, arrived in Manila on the Belgian King September 29. Reported for duty in the Philippines.

Berridge, Mary Rose, nurse, arrived in Manila on the Belgian King. Reported for duty in the Philippines.

Brinton, Mrs. Elizabeth M., appointed nurse October 23 and assigned to duty at the United States Army General Hospital, San Francisco.

Buckley, Mary Ellen, nurse at First Reserve Hospital, Manila, transferred to the Santa Mesa Hospital, Manila, August 25.

Butler, Mary Augusta, nurse, arrived in Manila on the Belgian King September 29. Reported for duty in the Philippines.

Casey, Joanna B., nurse on transport duty from the Philippines, reported at the United States Army General Hospital, San Francisco, October 20, and sailed on Sherman, November 1, to return to duty in the Philippines.

Danford, Caroline, nurse at First Reserve Hospital, Manila, transferred to Base Hospital, Dagupan, Luzon, Philippine Islands, September 27.

Deeley, Julia J., appointed as nurse November 1 for duty in the Philippines.

Duncan, Jeannette E., nurse at Military Hospital, Calamba, Philippine Islands, returned home for annulment of contract.

Eldridge, Dora, appointed as nurse October 26. Assigned to duty at the United States Army General Hospital, San Francisco. Reported November 1.

Ericksen, Theresa, nurse at the Base Hospital, Dagupan, Philippine Islands, transferred to the Santa Mesa Hospital, Manila, September 25.

Felt, Caroline E., nurse, arrived in Manila on the Belgian King September 29. Reported for duty in the Philippines.

Girault, Phœbe G., nurse at Cabana Barracks, Cuba, left hospital October 10 and returned home for annulment of contract.

Gottschalk, Helene M., nurse, arrived in Manila on the Belgian King September 29. Reported for duty in the Philippines.

Harroun, Mary Isabelle, nurse at First Reserve Hospital, Manila, transferred to Brigade Hospital, Iloilo, Philippine Islands, September 6.

Henig, Louise F., nurse, Santa Mesa Hospital, Manila, left hospital September 23 and returned to her home for annulment of contract.

Hughes, Clara Emily, nurse, left United States Army General Hospital, San Francisco, October 16, and reported on Grant for duty en route to the Philippines.

Kane, Rose G., nurse at First Reserve Hospital, Manila, contract annulled in Manila September 17 (now wife of Lieutenant R. Beall).

Kennedy, Mary J., appointed as nurse November 10 for duty in the Philippine Islands. Will sail from New York on transport Kilpatrick.

Kepkey, Georgia M., nurse, arrived in Manila on the Belgian King September 29. Reported for duty in the Philippines.

Krauskopf, Mrs. Lilian, appointed nurse October 22 for duty at the United States Army General Hospital, San Francisco. Reported October 27.

Langenburger, Lillian, appointed nurse October 25 for duty at the United States Army General Hospital, San Francisco. Reported October 28.

Livingston, Mrs. Tessie, appointed as nurse October 24 for duty at the United States Army General Hospital, San Francisco. Reported October 25.

Locke, Mrs. Bessie Ransom, appointed as nurse October 23. Reported for duty at the United States Army General Hospital, San Francisco, October 27.

Lyons, Mary V., nurse at Corregidor Island, Philippine Islands, transferred to the United States Army General Hospital, San Francisco. Reported for duty October 23.

Macdonald, Mary E., chief nurse at Second Reserve Hospital, Manila, contract annulled in Manila September 28.

Macrae, Mary E., nurse, arrived in Manila on the Belgian King September 29. Reported for duty in the Philippines.

McCurdy, Frances V., nurse on transport duty from the Philippines, reported at the United States Army General Hospital, San Francisco, October 20, and sailed on Sherman November 1, to return to duty in the Philippines.

Mahlum, Helene, nurse, reported at the United States Army General Hospital, San Francisco, from transport duty October 20, and is to return to the Philippines at the end of thirty days' leave of absence.

Mitchell, Elizabeth, nurse at Santa Mesa Hospital, Manila, has returned to her home for annulment of contract.

Moore, Cynthia, nurse at the United States Army General Hospital, San Francisco, had her contract annulled September 30.

Ridley, Albertie E., nurse at First Reserve Hospital, Manila, transferred to Brigade Hospital, Iloilo, Philippine Islands, September 6.

Rist, Ella, nurse, reported at the United States Army General Hospital, San Francisco, October 20 from transport duty, and is under orders to return to the Philippines at the end of thirty days' leave of absence.

Russell, Genevieve, nurse, reported at the United States Army General Hospital, San Francisco, from transport duty October 20, and is under orders to return to the Philippines at the end of thirty days' leave of absence.

Silcott, Mary E., appointed as nurse November 10 for duty in the Philippine Islands. Will sail from New York on the Kilpatrick.

Spear, Eliza B., nurse, arrived in Manila on the Belgian King September 29. Reported for duty in the Philippines.

Stack, Elizabeth, appointed November 10 as dietist to teach at the School of Instruction for the hospital corps, Washington Barracks. (Not under a nurse's contract.)

Sweet, Agnes, nurse, arrived in Manila on the Belgian King September 29. Reported for duty in the Philippines.

Walton, Isabelle Jean, resigned her position as dietist at the School of Instruction for the hospital corps, Washington Barracks, to take effect November 30.

Weathers, Eloise M., nurse, left United States Army General Hospital, San Francisco, October 16, and reported on Grant for duty en route to the Philippines.

Whelpton, Sarah, nurse at First Reserve Hospital, Manila, transferred to Santa Mesa Hospital August 25.

White, Ellen L., nurse, Second Reserve Hospital, Manila, transferred to the United States Army General Hospital, San Francisco, from transport duty, October 30.

Winslow, Minnie A., nurse, Second Reserve Hospital, Manila, transferred to the United States Army General Hospital, San Francisco, from transport duty, October 30.

[NOTE.—Dr. Anita Newcomb McGee makes the following correction: "A telegram dated Chicago, November 9, which has appeared in a number of newspapers, states that Miss Bernita F. Clark, of Rockford, Illinois, who committed suicide in the Palmer House, had served as a nurse during the Spanish-American War. This is a misstatement, as there was no army nurse of that name."]

LABOR with what zeal we will,
Something yet remains undone:
Something uncompleted still
Waits the rising of the sun.

Waits and will not go away,
Waits and will not be gainsaid;
By the cares of yesterday
Each to-day is heavier made.

—LONGFELLOW.

I LIKE the man who faces what he must
With step triumphant and a heart of cheer;
Who fights the daily battle without fear;
Sees his hopes fall, yet keeps unfaltering trust
That God is God; that somehow, true and just,
His plans work out for mortals.

—SARAH K. BOLTON.

THE EDITOR

SOME time ago the Boston *Evening Transcript* published a letter of nearly half a column, headed "A Hint to Trained Nurses," in which the writer says:

"When will the trained nurse learn the professional reticence and discreet abstinence from the use of names in general conversation that are law and gospel to lawyer, priest, and doctor, and that should be equally binding on even the handmaid of the faculty? There are admittedly numbers of the sisterhood whose own good taste and good sense operate as a barrier to the indiscriminate retailing of gossip and private matters, gleaned while on duty by the bedside of the sick, but, unfortunately, these would appear to be the exceptions where they should be the rule."

Then the story is told at some length of a nurse who, after having made herself exceedingly popular while caring for a patient during the summer months at a country-house, was afterwards invited by a neighboring cottager to return for a social visit. "Of course," the writer says, "the nurse was expected to talk of her vacation and tell interesting anecdotes about her cases, which would have been all right had she withheld names." Needless to say, in this case the names slipped out, and the family parted from her, having been charmed and entertained by their visitor, but resolving never to employ her in a professional capacity. The article concludes, after touching at some length upon the various professional aspects of the case, not with advice to nurses to refrain entirely from talking about their cases, but with the suggestion that they should adopt a universal impersonal patient, whose identity it would be impossible to recognize.

We offer no apology for this foolish young person whose indiscretion has subjected the profession to such humiliating criticism through the columns of a daily newspaper. Still, we have for her a lurking sympathy, for in the one remark of the writer, that "of course, the nurse was expected to talk of her vocation," we recognize a most difficult situation. Have we not all had the equally trying experience of falling into the hands of morbidly curious people, who persistently questioned and cross-questioned in regard to everything pertaining to the most confidential aspect of a nurse's work until we have found ourselves driven

to one of two extremes, either to be exceedingly rude or to gratify the curiosity of the questioner for the sake of peace?

If one is to judge by the conversations one hears in street-cars, in railroad trains, in stores, on street-corners, and wherever women stop for a moment to greet a friend, we may rightly infer that there is no subject so popular among the masses of women at the present time as diseases. When we consider the thousands of nurses who are distributed throughout the country, carrying with them a knowledge the revelation of which would mean, in too many instances, the marring of domestic happiness, if not the wrecking of homes, is it right that the profession at large should be condemned by the indiscretion of a few?

Following the idea of this writer, why should we not learn a lesson from poor, abused old "Sairy Gamp" in adopting a universal "Mrs. Harris," inventing anecdotes and imaginary bits of gossip about her for the edification of people who expect us to talk about our profession?

Miss Draper's paper in the current issue, on the "Value of General Reading for Private Duty Nurses," offers a very valuable suggestion in this connection. A nurse who can do a little fancy-work, who reads the daily paper, who can glance over one or two of the popular magazines, who manages to read two or three of the leading books of the year, who hears an occasional "star" performance at a good theatre, who attends church occasionally, and who keeps her eyes and ears open as she goes about the world, need not depend upon her profession as a means of entertaining her patients or her friends. Her life, with its limitations, is broader and more varied than that of the average domestic woman. What we need is a more general mingling with other women in other branches of work. We predict a broadening of our interests in such work as is being done by the "Garfield" Alumnæ, and in the affiliation of our local and national societies with other organized bodies of workers.

The report of the Committee on the Study Course, given in the Educational Department, includes a most interesting and varied line of subjects, but in referring to the study of parliamentary law, the committee has proven the force of our statement in the last month's number, that most societies give up the study of parliamentary law when they have become somewhat familiar with the ordinary conduct of a meeting.

We are still of the opinion, with all deference to this committee, that there is room in our local and national organizations for a more careful study of the duties of committees.

We need to be enlightened upon such points as the obligations of

the chairman to the elective body; the power, and the limitations of power, of a chairman to act independently of the members of her committee; the loyalty of the individual member, not only to the chairman, but to the committee as a whole, and the rights of the minority.

Mistakes of this nature are not peculiar to nursing organizations, but have held many women's clubs up to ridicule, and our societies are now too well established to plead the excuse of inexperience.

We print in this number the address of Dean Russell, given at the last meeting of the Superintendents' Society, held in New York in the spring, which contains a most comprehensive description of the aims of the "Teachers' College," in connection with which the course in "Hospital Economics" has been established. This address embodies a volume of interesting matter in condensed form. We are impressed with the similarity between the methods used in the training of nurses and what Dean Russell describes as the "apprentice system," which is necessary for accurate work in any of the trades, arts, or professions. All must learn accuracy, precision, and despatch before skill is obtained or work is performed with ease, time, material, and a trained teacher being necessary to all.

The course of "Hospital Economics" has for its motive the training of a limited number of women who, through their superior knowledge, shall become our teachers and leaders in progressive work. These students must possess, as Dean Russell has said, the teaching gift and what we call natural leadership before the advantages of such a course can be of the greatest benefit, so that even after the completion of this term of instruction there must come practical experience, to prove the value of the individual woman.

The very cordial manner in which the advent of The American Journal of Nursing has been welcomed by the *Nursing Record,* of London, has been one of the exceedingly pleasant experiences of our initiatory work. The aims of these two journals are identical, and we most emphatically endorse the suggestion of the *Record,* that progress to the profession on both sides of the Atlantic must come through the co-operation of these two magazines. We are watching with intense interest the splendid fight the *Record* is making for better conditions of army nursing, with a properly trained woman at the head, and join hands with the British nurses in this issue.

The favorable comments by the general and professional press at home have also been very gratifying, and the scores of personal letters to the editor from friends and strangers have come as an inspiration to greater effort.

To no one more than to a nurse does it come to know the happiness of the Christmas season.

Both in the hospital and in the home it is her privilege to be the sharer of other people's joys, as well as of their sorrows.

She knows that the custom of celebrating Christmas is not confined to the rich, but is almost universal among every class of people in countries where the teachings of Christ are known.

The little story given in this number is founded upon facts, and the frontispiece is a photograph of the "Children's Ward of the New York Hospital."

It is really easier to arrange a Christmas-tree in a hospital than in a private house, a special fund for this purpose being unnecessary, as either the "milkman" or the "grocer" will provide a tree, and an appeal through the newspapers will always bring quantities of toys, both new and old, with trimmings for the tree and Christmas greens for the decoration of the wards.

It is astonishing to find how many people will respond to an appeal of this kind who are not interested in the routine work of the hospital. The lighting of a tree can be easily arranged where the building is lighted by electricity; a dozen of the ordinary bulbs stained in a variety of colors with aniline dyes and allowed to dry thoroughly, a few yards of cord, a couple of hours' work from the engineer, and the effect is magical, and all danger of fire done away with, and if the decorations of the tree are not removed, it can be lighted for a few minutes every evening for a week, thus prolonging greatly the pleasure to the children.

THE many friends of Miss M. Eugenie Hibbard will be sorry to hear of her illness with yellow fever at Matanzas, Cuba.

Under date of November 9 Miss Hibbard sends a message of regret that she has been unable to continue her series of articles entitled "On the Maine to South Africa," commenced in the October number, and hopes to be able to complete them during the early months of the new year.

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ORIGINAL COMMUNICATIONS

SOME SPECIAL FEATURES OF DISTRICT NURSING

BY ADA M. CARR

DISTRICT nursing in its general relation to the comfort and welfare of the sick poor has already been much written about and discussed; but even in district nursing there are perhaps some aspects that appeal more than others to the workers because they seem to be productive of more definite results and greater tangible good. It is only human to have a larger degree of satisfaction in taking hold of work where one's efforts can be gauged day by day by visible steps of improvement, instead of having a somewhat hopeless sense of daily endeavor with conditions comparatively unchanged.

Of all the diseases which the visiting nurse is called upon to battle with, perhaps the two which represent to her in a widely differing sense the possibility of achieving certain results are typhoid fever and phthisis, the one acute, where actual nursing, watchfulness, and practical care tell each day and week towards the final outcome, the other lingering, uncertain, needing untiring patience, resourcefulness, and sympathetic tact in the long struggle with prejudice and ignorance.

In the case of typhoid fever patients in their own homes, it is frequently a matter of great surprise to the nurse herself, especially if she be just from hospital, accustomed to rigid rules of baths and diet, how, with surroundings apparently the most unfavorable, and care, according to her standards, the most elementary, the patients still persist in accomplishing a most satisfactory convalescence. I have known nurses who, underneath all their pleasure in the successful issue,

have secretly cherished during their first experiences a sense of uneasy rebellion at this bewildering overthrow of all previous rules and theories. But speaking with all modesty, these excellent results are often in large measure the fruit of the daily care, and yet more of the daily instruction, of the visiting nurse. Given these two under the direction of the attending doctor, it has been, perhaps almost reluctantly, forced upon the observation of the nurses that patients with typhoid fever seem to do better in their own homes than in hospital wards under the most enlightened treatment and the latest details of medical skill and nursing care. Of course, there must be the intelligent co-operation of the family; without some help from them the amount of care possible for a visiting nurse to give would certainly be insufficient, and in such cases the patient would, of course, be much more benefited by removal to a hospital. But it is remarkable how often this co-operation can be secured, and how readily mothers, sisters, and, indeed, fathers and brothers, who until the advent of the nurse have been hopelessly ignorant of the very first principles of intelligent care, learn what and—equally important—what not to do.

The cold or ice sponges, the care of the mouth, watching the temperature and pulse, and the regulation of the diet are all possible to teach a mother, older sister, or relative, while the daily visits, questions, and advice of the nurse keep things up to the mark. The sanitary conditions also are explained to the family as being of the utmost importance, and much good to the general community as well as to the household by this alone can undoubtedly be accomplished in a quiet way.

To see order appear gradually in a household confused by sudden and severe illness, comfort and good care for the patient out of chaos and entirely misdirected good-will, is a most satisfactory reward for almost any amount of labor. To a busy doctor, with little time to spare in questionings and minute instructions, the knowledge that a competent nurse will undertake all these details is invaluable.

I know of an instance, and I am sure it is not an isolated one, where after a patient had been cared for by the district nurse, a case developed some time after in the family of a married sister who had helped to take care of the first. When the nurse arrived in response to a call everything was in readiness just as she had endeavored to teach on the former occasion, perfect order in the room, foot-tub with ice ready, even the simple mouth-wash prepared. Things seem worth while when lessons in home care, hitherto unheard of, can be made so fruitful.

These conditions are, unfortunately, not yet quite universal. The patient's friends are not always so eager for instruction or so amiably willing to take advice. Frequently the nurse must give most of the

actual care the patient receives almost unaided. The sponges morning and evening, the recording of the temperature and symptoms for the doctors, the strenuous endeavors to show the inadvisability of feeding the patient on solid food, providing fresh milk and eggs, all the many details of care, together with the supervision as far as possible of sanitary precautions and disinfecting, these constitute a daily struggle—fortunately, generally in the end successful. And in these instances the gain to the patient in comfort, together with the added possibilities given of recovery, are so immense that the nursing instinct responds with keenest pleasure.

It will be understood that we are speaking of conditions such as exist in a city like Baltimore, where the poorer people usually live in small homes or flats. In crowded tenements, with whole families perhaps making their home in one room, everyone would concur in thinking with the health authorities that, for the sake of the families in the tenement, the patients should be removed to hospitals.

From a nurse's point of view, at least, the reasons for this successful treatment of typhoid fever patients at home are, the freedom from the noise and confusion, the over-attention in some directions and too little in others that make up the unavoidable combination of hospital wards; added to this, the security of a sense of home life, of being among their own kin at a time when their familiar presence is most needed and desired.

Turning to the other class of patients, there are two ways in which the care given by the district nurse is of value; first, the help she may be to the patient. Phthisis is often so long drawn out, so wearying and uncertain, that friendly help may sometimes get discouraged and fail. But a nurse in her professional capacity cannot, if she would, be weary. It is part of her day's work to go on, however long-continued the disease, however discouraging the conditions. It is so evident what her skilled care and power of resource can do towards lessening the long physical discomfort, and what a mental stimulus the expectant cheer of the certainty of her interest and help can be to the patient, that it is not necessary to take up this side of the question.

It is her training and knowledge practically brought to bear upon the surroundings of the patient, bringing the most direct co-operation with all the measures found necessary and suggested by physicians and the Boards of Health, that make the help of the district nurse so really important in the endeavor to limit tuberculosis by sanitation. It is impossible to lay too great stress on the value the nurse's work in this direction may have, carried on quietly, insistently, day by day, month by month. Comparatively few of these patients have a regular medical

attendant, so the suggestion of daily care falls directly upon the nurse, —the gradual introduction of fresh air and sunlight with its direct disinfectant action, the providing of sputum-cups with careful supervision as to their proper use. Of course, such things will occasionally happen as that the paper fillers of the cup are carefully emptied into a bucket in the yard, *then* burned, but that is a little misunderstanding of theory easily corrected when discovered. There is the care of the rooms; the sweeping, and the use of damp cloths for wiping the furniture; the supervision of the dishes used and their isolation as far as practicable. These details are often very difficult and sometimes quite impossible to impress upon the family. Realizing the household conditions, this is not surprising; nevertheless, sometimes very gratifying results can be obtained. The question of sleeping is also a difficult one. It is very usual to find members of the family sleeping in the same room, and often in the same bed, and it is, of course, impossible in many instances to isolate one room for the patient. But when some mutual confidence has been established and possibilities inquired into, changes can gradually be brought about, with the result of much more comfort to the patient and a great decrease in the risk of infection for the family.

The carelessness of the family to this danger of infection is usually a courage born of complete ignorance, and if some of the members can be impressed with the necessity of taking ordinary precautions for their own safety, they will themselves do much in the way of prevention.

Disinfecting or thorough cleaning and airing of the room after the death of the patient is not the least important of the precautions that the nurse should insist upon. The Board of Health, on being notified, will disinfect any room in which a tuberculous patient has lived.

In this very incomplete outline of the possibilities that lie within the scope of the nurse's work, it is not necessary to take up the appalling conditions sometimes found, where any human agency so ordinary as a district nurse seems entirely insufficient and hopelessly helpless. We have been speaking only of the usual households of the poor, where her visits, advice, and interest can really count for good.

"It is so natural to love, it is so manifestly the first and last instinct of our frail and necessitous being, that it is not only charitable but just to believe that apparent failure to exercise this divine prerogative comes from a faculty in abeyance, awaiting its stimulus and inspiration from without."

PRELIMINARIES OF OBSTETRIC NURSING

By MARY L. KEITH

It is generally supposed that any nurse can do obstetric nursing.

So she can, if she knows how.

Every good nurse knows the principles of asepsis and antisepsis. That she learns in her general training, and when she knows in addition:

The hygiene of pregnancy;
How to recognize approaching labor;
How to help the doctor and comfort the mother during that labor;
What supplies are necessary and how to prepare them;
How to prepare the patient;
How to examine, and when, and why;
How to prevent septic infection;
How to guard against hemorrhage;
What symptoms precede eclampsia;
What to do at a normal birth (with or without a doctor);
What to do at an instrumental delivery;
The after care (with or without complications);
The care of the new baby (his cord, his eyes, his skin, his food, his clothing, and the formation of good habits;—

When she knows these things in addition to her general training, she knows enough to try obstetric nursing.

The most important factor in her work is her asepsis. Since the introduction of asepsis and antisepsis into obstetrics, septic infection, formerly known as puerperal fever, has been almost eliminated. It is a preventable disease and differs in no way from other septic infection. That the open wounds exist inside the uterus, in the cervix, in the vagina, in the perineum, and are waiting to be infected, are vital points to be taught and remembered. Asepsis must ever be at the fingers' ends.

An obstetric nurse waiting at the patient's home will prepare, while waiting, six dozen pads, made by folding cotton-waste inside absorbent gauze; and for wiping up discharges, either a pound of this same waste made into balls, or several dozen thin gauze sponges four inches square. These pads and sponges, with six towels and two old sheets, must be sterilized. The kitchen wash-boiler can be used for a sterilizer if nothing better is at hand. A wooden shelf resting on two earthen bowls can hold the goods, which are done up with not more than four pads

or six sponges to a package. An apron for the doctor and one for the nurse may go into the boiler, also ligatures and cord-dressing for the baby.

The fewest possible things with which a labor case can be safely conducted are these sterile sponges mentioned, soap and water, a stiff nail-brush, and a pail of corrosive sublimate solution 1 to 3000. The list may be made to include a dozen other things, according to the wealth and social position of the family, but these are essentials.

The signs of labor are a vaginal discharge of mucus, which later is streaked with blood, and pains caused by uterine contractions. These pains, which occur at regular intervals, begin in the back, come towards the front, and with each pain the uterus contracts and hardens. By putting the hand on the abdomen this hardening is plainly felt. After these pains are well established the nurse will make a vaginal examination. This examination tells her whether or not the cervix is taken up, the amount of dilatation, membranes ruptured or not, does the head present and is it engaged. It is not absolutely necessary that she know about position, but she must know about presentation.

If she is not sure when the doctor wishes to be notified, she had better notify him now, that labor has begun,—not by saying come at once, but by note or by telephone convey to him the information that Mrs. Smith has been having uterine contractions since one A.M., and now, at four A.M., the cervix is gone, the os is dilated one-half inch, the head is engaged, the membranes are unruptured, and the patient's mental and physical condition is good, or any other statement which is true. The wise nurse, however, during the days she waited called on the doctor and asked at what stage he wished to be informed and how he wanted the patient prepared. Most doctors who employ a good obstetric nurse would choose not to be waked at four A.M. to be told Mrs. Smith was doing well in every way; they would prefer to be told this at seven A.M., knowing that if any complication arose it would be recognized and reported at once. Should, however, labor begin during the day, it is wise to send word at once, because otherwise the doctor might be making visits and attending to his hospital practice when wanted, and the sooner he knows that Mrs. Smith is going to need his services, the better he can arrange his work for the day. Sometimes without pain the membranes rupture. This should be reported, as labor will follow sooner or later.

Next comes the preparation of the patient. The daily bath need not be omitted; it should rather be encouraged. An enema of soapsuds should never be omitted, and if an antiseptic vaginal douche is to be given at all it should be given now. The hair about the genitals

should be closely cut and the parts well washed with soap and water, followed by corrosive, a sterile pad adjusted, the hair arranged, and, if the patient is to be up and about, a night-dress and wrapper, stockings and comfortable shoes, make a suitable toilette.

The bed on which the delivery is to take place is made ready. The manner in which it is made varies. The main point is that after delivery the soiled clothing can be removed with no effort to the patient, leaving her on dry, clean bedding, which up to this time has been protected by a rubber sheet. Beside the bed stands a table, on which is a pail of 1 to 3000 corrosive solution and the sterile sponges. If the table is large enough, or has two decks, on it also are catheter, pads, ligatures, and scissors, all sterile or in an antiseptic solution, while near at hand are the sterile towels, a few old towels not sterile, ether, ergot, and corrosive, from which fresh solution may be made. The carpet by the bed is protected by a rubber sheet or an old rug, while a foot-tub makes a convenient receptacle for soiled matter. Every convenience for soap-and-water cleanliness should be ready in the bath-room. When labor is further advanced ice is brought, also hot and cold water for possible asphyxia of the baby.

Each and every time the nurse makes a vaginal examination to determine the progress of labor her asepsis must be above criticism. It is her business to keep her hands free from cracks, which are a source of danger. The nails should be short and evenly cut; after cleaning them, there should be a thorough scrubbing of the hands with soap and water, then another scrubbing in 1 to 3000 corrosive with another brush; after the hands have been in the solution three minutes the examination may follow. If the nurse wishes to wear sterile rubber gloves she may do so. The patient has been put in position previously; the vulva is now cleansed with corrosive solution by wiping towards the rectum; when clean it is separated, and the nurse introduces one or two fingers (in accordance with her teaching) for the examination.

The usual position of the patient is the left lateral, but if she is lying comfortably on her back or right side, it is perfectly possible to examine in that position, as nurses are taught to use either hand. The position should be decided upon before the nurse prepares her hands, as afterwards she cannot handle unsterile matter.

The nurse sees that her patient takes suitable food at suitable intervals, and, unobserved by the patient, herself observes the amount of urine secreted; but she has not done well if she neglects to pay particular attention to the mental condition of her patient. Even a woman who regards child-bearing as a physiological process might be alarmed by these necessary preparations. It is a physiological process, but it is

surrounded by many dangers. A mother who is ready and willing to meet labor is so much better equipped than a frightened mother, that every mother is entitled to all the encouragement that can be given honestly.

It is reasonable to suppose that by the time these preparations and observations have been made the doctor will have arrived. The nurse tells him what she has done, shows him the arrangements, and awaits any instructions he has to give. Her work is now about to begin.

THE SMALL HOSPITAL AND THE TRAINING-SCHOOL

By BERTHA MAYNE

In discussions as to the fuller evolution of the training-school, the small or private hospital stands as a factor,—and to many as a stumbling-block.

From the patient's stand-point no one questions that the private hospital offers certain advantages over the large institution.

The fixed routine, the inexorable laws, and unbending rules of treatment that are essential in the administration of the one are impracticable for the other. In short, the private institution may combine the order necessary for the proper treatment of disease with the atmosphere of the home. It can stop to recognize personalities as well as symptoms, and does not lose sight of the individual in the consideration of the "case."

Further comparison of relative merits in general methods is beyond our province as nurses, facing only the question of the training-school and its best possibilities.

The arguments against the small hospital as an educator are so apparent that "he who runs may read." Many of the points cited as appealing to a patient are a distinct disadvantage in the training of a nurse.

The discipline, the "hospital etiquette," the working out of systematic plans, and, above all, the scope and breadth of experience in a large hospital, are what every nurse would choose if she could judge as wisely at the beginning of her course as she can when it is finished.

As a general thing, however, the nurse is looking forward to private duty, where she is brought into different relations with her patient, and, in some degree, to her profession.

That nurse is most welcome in the family who adds tact and

adaptability to her skill. Beyond the carrying out of definite orders, the day's work will vary with the mood or caprice of the invalid. Firmness in essentials is necessary, but the faculty of differentiating, and of knowing how to deviate from fixed rules to meet individual idiosyncrasies goes far towards making the truly admirable nurse.

Just here the private hospital puts in its plea, here it supplements the larger institution.

There is continual and justifiable protest against the small training-school, and yet it has its part to play in the full education of the nurse.

The military drill is necessary, the importance of a broad knowledge of various diseases is recognized, but surely the nurse has a better opportunity of observing men and women, and of developing the "psychic factor" when the stress of daily routine is lessened.

If the small school could be regarded as an adjunct of the larger one, and by some arrangement could share in the training of its pupils, the nurse, the hospital, and the profession would gain thereby. This is only a step towards a higher development.

The training-school is handicapped by the *character* of its association with the hospital, and eventually, for the good of both, it must be established on an independent basis.

We see this method already working most successfully in individual institutions, and with the perfection of the plan a central training-school will supply nurses as they are called for to hospitals within a given radius. Will not this be the solution of the problem as to the uniform education of the nurse?

Before this end is reached, however, there are many debated points to settle and many obstacles to overcome.

The factor that we wish to eliminate is insufficient and indiscriminate training. To effect this we must have, first, a general recognition of our purpose, and then the co-operation of our own profession and that of medicine.

"A GLASS of water should always be taken the first thing in the morning. It exercises a twofold advantage. First of all, when sipped slowly it acts as a stimulator to the excretory organs. Secondly, during sleep a great deal of mucus is secreted by the membrane lining the mouth and other organs of the alimentary canal, and this morning drink removes it. Many a morning headache will be cured if this habit is carefully and systematically carried out."

PRACTICAL POINTS ON PRIVATE NURSING

IN CHARGE OF

ISABEL McISAAC

NORMAL SALT SOLUTION

By IDORA ROSE

The significance of salt has been impressed upon us from a very early date, Sacred History accounting for at least one unique process of formation. From that day to this it has held a place, and if we concur in the belief that nature has a use for all her materials, we ought to be able to convince the few who discard it from their list of ingesta that they are depriving themselves of one of the elements necessary to their complete physical compound.

Assuming the general recognition of its beneficial properties, we will pass by its discussion as a mineral, its place in economics, and consider it from the stand-point of a medicinal agent. This, no doubt, will call for the criticism from those who are daily called upon to prepare and use it, as a topic so common that discussion is unnecessary. But their indulgence is asked while a few thoughts are presented for the benefit of those who joined the rank and file prior to the many improvements of these modern days. Alumnæ societies can testify to the fact that the older graduates hunger for the new things in their line of work,—new methods, new apparatus, new ideas on old subjects,—and it ought to be a duty and privilege to satisfy that want as best we can. It is true that text-books on nursing are within reach of every nurse, but we find upon examination that many subjects are not treated in detail in these books, and it requires an original mind to make practical what is given only in outline. Furthermore, we are daily indebted to the physicians and surgeons for many new things not found in text-books, unless frequently revised.

With the subject in hand we are told that it is called "normal" or "physiological" salt solution, because it is so near like the normal serum of the blood when used at a proper temperature and at a given strength. Its therapeutic value is being emphasized every day by both surgeons and physicians, as it is used as a restorative agent in surgical

and medical cases alike. And as its ingredients are to be found in every household, there is no difficulty in having it whenever needed.

Another feature recommending its use is its non-toxicity, although the quantity and frequency of administration are to be regulated by reason, as is any form of treatment. In preparing the solution for use, we find there are several formulæ, of which the following is commonly given: Sodium chloride, or common salt, one and a half drachms to one quart of sterile water; or, as this solution is not changed chemically by boiling, the ingredients may be put together and boiled one-half hour; or, to be more particular, a perfectly clean bottle or fruit-jar has clean linen or gauze placed over the top for a filter, the salt is put on this, and the sterile water poured through it, thus dissolving and holding the salt in solution. The cover is then tightly adjusted and the can put into a vessel of water and boiled one-half hour.

If one is so placed that the exact weight of salt cannot be obtained, a teaspoonful is the equivalent.

As to the ways in which it may be used, there are several. Typically, transfusion is the process. But when a patient is in such a critical condition as to need the stimulating effect of the solution, there is scarcely time to spare to open a vein with all the precautions necessary, and consequently the fluid is injected into the connective tissue to be absorbed, thus reaching the blood in a less direct manner. In either case the operation is considered in the light of a hypodermic injection on a large scale, and it is obvious how necessary it is to have every step done in strict accordance with aseptic preciseness. The utensils employed, the hands of the operator, and the surface of the body selected must be surgically clean. In the absence of other appliances, a fountain syringe will answer, or a funnel to which is attached a piece of rubber tubing. The hypodermic needle is too small, but can be used in the absence of any other.

The solution should be at the body temperature, as the absorbing surfaces can act better at that temperature. In introducing the solution by rectum the same points are to be observed as in giving enemata. The rectum should be unloaded by simple enema, the hips elevated to aid the gravitation of the fluid, and the solution emptied high up by inserting the tube as far as the sigmoid flexure. Among the uses for which it is employed may be mentioned that of a spray or gargle in nose and throat affections as a cleansing measure. It is a common proceeding for some surgeons, when performing a laparotomy, to fill the abdominal cavity with the solution just before stitching the abdominal wall, claiming that, aside from its other properties, it modifies to a considerable extent the excessive thirst following operation.

In doing plastic operations surgeons recommend the irrigation of the working field with normal salt solution, in this way keeping the part clean and free from blood without the use of sponges. In cases of extensive burns, or wounds needing skin grafting, the grafts are immersed in this solution as an ideal preservative. In intestinal disturbances, where there are so many watery evacuations, the introduction of salt solution compensates for this loss in a most effectual manner.

It is interesting to notice the changes in a patient after the successful administration of normal salt solution. The arterial pressure is raised, the skin becomes moist, the kidneys are more active, thirst disappears, and temperature is elevated. Severe cases of hemorrhage, which ordinarily would be regarded as fatal, are now given a new lease of life through the judicious introduction of this valuable agent. And we think it is not exaggeration to say it is one of the simplest and one of the most important remedies in general use at the present time.

THE OUTFIT OF THE PRIVATE-DUTY NURSE

By HELEN S. HAY

The outfit of the nurse on private duty is a subject requiring no inconsiderable planning and thinking. Much must be sacrificed and much provided, that naught will be found lacking to thorough cleanliness, efficient service, and the common comfort. First, let us consider the needs of the wardrobe.

If "stripes" be worn, three suits will suffice. The seersucker at twelve-and-a-half cents a yard washes and wears admirably. Some prefer a finer quality costing about twenty cents. If white suits are preferred, four will be found necessary. Linen duck, Marseilles, and piqué are all good, though the two latter seem to retain their freshness longer. These materials cost from forty to sixty cents a yard. There is also a cotton duck at fifteen cents which wears and launders most satisfactorily. Many nurses find it a convenience to have a supply of both the striped and white uniforms, wearing the former on their heavier cases, and the latter where the duties are light, or more nearly like those of a companion. Also for surgical work the white seems especially desirable.

Of apron material there is nothing for wear and lasting freshness like the best grades of pillow-casing. Finer aprons will be found smirched and yellow while the older, heavier ones will be white and immaculate. Longcloth and heavy lawns, costing from twelve-and-

a-half to thirty cents a yard, will also be found serviceable. So too is the linen at from seventy-five cents to one dollar a yard. Twelve long aprons will be none too many, and with these there should be two or three large surgical ones. Neatly made of white drilling or duck, they look thoroughly nurselike, and if worn for one's rougher tasks are a great saving to the uniform.

In collars and cuffs most nurses are driven to adopt those styles which can be bought ready for use. Collars are twelve-and-a-half cents each. Ten will be needed, and with these, for a neat finish, ten laundered string ties of white piqué or lawn. Ten pairs of cuffs at twenty-five cents a pair will be required, preferably the kind worn outside the sleeve.

Last of the uniform is the cap. Two fresh ones should as far as possible be always kept on hand, and thus provision made for the times of emergency, when cap-making is out of the question. Of all the articles in the wardrobe, the cap is most often the one first put aside. For, being essential neither to good nursing nor to a neat and attractive uniform, it is considered wisest to appropriate its considerable space in the telescope to articles more important to success.

Having attended to the details of our uniform, let us now get in readiness for the first "call." How much of this ample outfit shall be given space in our telescope, and what more will be needed of books and appliances? Of uniforms and their appurtenances only so many as will be needed for three or four days at most. What more are found needful can be sent one by express. With the articles of her uniform there will be soft slippers, a loose wrapper, handkerchiefs, toilet articles, stationery, including "history sheets," sewing material, and underwear. A "Practice of Medicine," a small medical dictionary, a "Materia Medica," a text-book on nursing, and a book on invalid cookery will all be valuable; and as questions on any one of these subjects may meet the nurse with the beginning of her tasks in the sick-room, all of them would better be given room. Of course, a text-book on obstetrics will be in the nurse's library to add to the above list when needed.

As to necessary appliances, every nurse early solves to her own satisfaction what these are. One nurse out of her equipment could stock a small ward; another equally successful in her work carries with her only a hypodermic, a thermometer, and a pair of forceps, rusty from disuse. Better, doubtless, is a wise medium between these: clinical and bath thermometers, hypodermic syringe with tablets, graduate glass, rectal tube, catheter, invalid drinking-cup, and, what is found a great convenience, a *very* small alarm-clock. Further needs will, in most cases, be quickly and willingly supplied.

The outfit is complete, and all possible preparation made. Suitable clothing, books of reference and instruction, instruments,—all will contribute to the nurse's self-confidence, to her efficiency, and so to her success. But it is her tact and energy, her ingenuity, and her resourcefulness, and these only, that will most often clear up her difficulties. And it is through the possession of these gifts that the trained nurse will prove equal to all demands, whatever her equipment may be.

EXPENSES OF OUTFIT.

3 striped dresses, 10 yards each, at 12½ cents	$3.75
Cost of making	7.50
4 white dresses, 10 yards each, at 50 cents	20.00
Making	16.00
12 aprons, 2½ yards each, at 20 cents	6.00
Making	3.00
3 surgical aprons, 8 yards each, at 15 cents	3.60
Making	1.50
10 collars	1.25
10 pairs cuffs	2.50
Cap material	2.50
Slippers	1.00
Loose wrapper (material and making)	5.00
"Materia Medica"	1.50
"Practice of Medicine"	3.00
Medical dictionary	1.00
Text-book on obstetrics	1.25
Text-book on nursing	2.00
"Invalid Cookery"	2.00
Bath thermometer	1.00
Clinical thermometer	1.50
Hypodermic syringe	3.00
Graduate glass	.50
Rectal tube	.30
Catheter	.25
Invalid drinking-cup	.50
Small alarm-clock	1.50
Total	$92.90
Using striped uniforms only. Total	$56.90
Using white uniform only. Total	$81.65

In every line of life in which success is aimed at, an apprenticeship has to be served of many hours and days of hard work.—Louise Topling.

CHILDREN'S DEPARTMENT

IN CHARGE OF
LOUISE C. BRENT

THE "CRY" OF A CHILD

By E. STANLEY RYERSON, M.D.

The nurse should make it one of her chief objects to know and understand her patient. The doctor attends to the case medically when he makes his rounds, but it is the nurse who ministers to the small comforts and who solves the small difficulties which incessantly crop up in the life of the sufferer. Can she do this if the patient be a foreigner, unable to make clear his wishes? She can, by a short study of some of the elementary words of that foreign language. Similarly, if the sufferer be a baby, this may be done by a little thoughtful consideration of the language of the infant.

The first indication of life in the new-born babe is the cry. For many succeeding months this is the sole method of expressing the sensations. Hunger, fear, pain, and discomfort will be displayed through this one channel. Even when old enough to talk a little, a child will still accompany its demands with a fit of crying, thus hoping to excite more sympathy, or at least more attention (should it be a fit of temper), than would otherwise be given.

As might be expected, the cry, expressing, as it does, so many different forms of the troubles of childhood, varies much in its nature; and it is in the observation of these differences, with the proper treatment of the trouble, that a careful nurse can do the greatest amount of good to her little charge.

Naturally, from babyhood until the age of eleven or twelve is reached, the vitality of the child may be estimated by the vigor of its cry. Also, as one knows, weakly and delicate children will cry on the slightest provocation, and frequently from no apparent cause. The form of the cry in older children indicates to a great extent the strength of the child and often the seat of the disease.

As the lachrymal gland is not developed before the third month of life, there is no flow of tears up to that time.

Crying results in a congestion of the vessels of the brain, which

condition may irritate the nervous centres to such an extent as to cause a convulsion.

The following table sets forth in pictorial form some of the principal facts about the alterations of the cry:

CAUSE	CHARACTER OF CRY	TREATMENT
I. Hunger.	Worrying, fretful cry, with vigous sucking of fingers.	Feeding the child.
II. Indigestion.	As in hunger, except that, after being fed, crying begins again in a short time worse than ever.	Dieting child, being careful not to mistake for No. I., and thus increase the cause.
III. Pain.		
(*a*) Discomfort.	Ordinary every-day cry.	Removal of cause, as cold feet, wet diapers, etc.
(*b*) Sub-acute.	Moaning cry	Treating cause as chronic indigestion.
(*c*) Acute.	Sharp, violent paroxysms of screaming. The movements and position of the child indicate the seat of the pain; *e.g.*, hand to head in ear-ache, or child "doubling up" from pain in abdomen. Cry ceases when child is tired out, but returns with equal severity after a short rest.	Treating cause as colic, earache.
IV. Temper. Not present until after fifth month.	Loud, violent, and prolonged crying, during which the child stiffens its body, throws back its head, and kicks legs vigorously. He throws everything he lays his hands on in all directions.	Scolding, punishing, or secluding the child for a time, according to its age.
V. Habit, as of wanting to be carried or rocked or to have a light, etc., which it is better for child to do without.	Ordinary cry, at times merging into No. IV. Granting of the desire invariably stops the crying.	Letting it "cry it out" several times, rather than by allowing it to have its own way. No child is harder to manage than a petted one.

Diseases with characteristic cries are:

Pneumonia.—Short, labored, and smothered, being more of a groan, during which the child winces.

Croup.—Hoarse and muffled, with peculiar ringing, brassy inspiration.

Diseases of the Stomach.—Prolonged, acute crying.

Colic.—Violent and paroxysmal, with thighs flexed on abdomen and arms hugging the body firmly.

Marasmus.—Constant feeble whine.

Chronic Bone or Joint Disease.—Sudden, sharp cry at night, and usually just when they drop off to sleep.

Acute Cerebral Diseases, as Tuberculous Meningitis.—Single shrill, piercing cry (hydrocephalic cry) at distant intervals and at night.

The Board of Managers of the Lakeside Hospital, Cleveland, Ohio, have recently made arrangements by which the patients in the Children's Ward may have the privilege of kindergarten instruction.

Some of the kindergarten teachers of the city have volunteered their services and devote three afternoons a week to instructing and entertaining the children. Two out of the three afternoons are devoted to the manufacture of all kinds of kindergarten work. On the third day the time is devoted to music, the children being taught songs and hymns.

A very handsome piano has recently been donated to the ward, and on these afternoons the sun-room presents a gay appearance.

It has been found that the effect of the teaching on the children is excellent. They show much interest in the work and look forward with pleasure to the lessons.

Cost of Good Milk.—In attempting to get good milk—that is, safe milk—for children, my attention was first called to the farmers, and I at once made up my mind that the cry of cheap food for the people was one which should be strenuously put down by the health officer, by the physician, and through them by the intelligent public. The cry of cheap food and cheap milk is a dangerous one, and one which, of course, is heard all over the civilized world, but, as is true of everything which has to be produced in the world, you cannot get what is good cheaply, and you cannot produce and deliver milk for four or five cents a quart in the best way. It must cost more, and the people must learn that it must.—Dr. T. M. Rotch, *Boston Medical and Surgical Journal.*

Baby Talk.—We ask mothers, and shall ask them often again, to talk plain English to their babies.

Be affectionate, make your voices soft and loving, use the shortest, simplest words, but do not use baby lingo, forcing the baby brain to absorb expressions which must so soon be unlearned, and keeping the little mind in a state of confusion, hearing one language addressed to itself and another spoken around it.—*New York Journal.*

EDUCATIONAL

IN CHARGE OF

ISABEL HAMPTON ROBB

PRELIMINARY TRAINING IN THE LONDON HOSPITAL

By EVA C. E. LÜCKES

Matron London Hospital

In these days, when so much is written about hospital nurses, and so many are seen in our midst, it may interest some of our readers to learn of a comparatively new departure which has taken place in the well-known London Hospital Training-School. It was observed that the first plunge of the new probationer into hospital life was a somewhat overwhelming experience. The most courageous novice could scarcely help feeling bewildered when she found herself arrayed in unfamiliar uniform, and realized that she was an insignificant unit among the two hundred and fifty or three hundred nurses with whom she had chosen to begin her nursing career. In a hospital containing about eight hundred beds the work of the day is necessarily the first consideration, and the well-meaning stranger found herself comparatively useless until a few weeks had accustomed her to the routine, and she had made one or two friends among her fellow-workers. Moreover, it was by no means easy to ascertain in such conditions how far the candidate was fitted to become a nurse, or for those under whom she served to arrive at an accurate conclusion on this important point during the trial month which probationers undergo before being definitely accepted for training. Slowness, for instance, might be due to mere ignorance of the unaccustomed life and surroundings, in which case the defect would soon be remedied, or it might be due to innate want of capacity on the part of the probationer, and then all efforts to instil a knowledge of nursing would be a waste of time, and would fail to make her a really good nurse.

The committee of the London Hospital, therefore, decided to take a house (Tredegar House, 99 Bow Road, E.) and to furnish it for the purpose of receiving twenty-eight selected candidates, free of charge, for periods of seven weeks, previous to transferring to the hospital those

found sufficiently suitable to enter upon the usual month's trial. It is not generally known that at the London Hospital Training-School there are vacancies for twenty-eight probationers every seven weeks, and occasionally a few extra vacancies if selected candidates fail.

The Preliminary Training-Home is an immense gain to us in the wards, as well as to the pupil-probationers, who get the advantage of the careful preparation given there to qualify them for their subsequent experience in the hospital.

Twenty-eight selected candidates arrive at Tredegar House on a fixed Saturday for a period of seven weeks. On Monday morning they come to the hospital for a lecture on elementary hygiene and a demonstration in sick-room cookery, returning to Tredegar House to dinner. The rest of the day is filled up by various classes and off-duty time, some classes numbering ten probationers and some only five. These classes are given by sisters specially selected for the purpose, as well as by the sister in charge of Tredegar House. Each pupil-probationer has her own time-table for every day, and this is strictly adhered to throughout.

We endeavor to make this training thoroughly practical, as well as sound in theory. In addition to the lectures on elementary hygiene, physiology, and anatomy given at the hospital by members of the staff, instruction classes are held in various nursing details. Bandaging, splint padding, bedmaking, how to take and chart temperatures, the method of keeping reports of special cases, the names of instruments in common use, how to read measure-glasses, hypodermic syringes, etc., etc., are all carefully taught, and care is taken, as far as may be, to see that each probationer has mastered these rudimentary details. This insures a probationer being taught *from the very first* the correct method of doing all elementary nursing duties. They are taught everything we can think of as likely to smooth the way for a beginner, and to make her of some little use from the moment she enters the wards. They learn also how to sweep and dust, to wash up tea-things, etc. There is no heavy work among these domestic duties, but, unfortunately, a knowledge of them does not come by instinct to every woman, as is sometimes imagined, and a nurse would not be worth much to her patient if she could not make his surroundings clean and comfortable in a quiet and efficient manner. Please do not think we are under the delusion that every pupil-probationer becomes perfect in these respects while she is at Tredegar House, but she has the *opportunity* of doing so, and the importance of *good nursing habits*, in little ways too often overlooked, is carefully inculcated by every means that we can think of. During the six weeks, courses of twelve lectures on every

subject taught are fitted in, and a part of the seventh week is taken up in examinations. The probationers have a day off on Thursday of that week, and are transferred to the hospital for a month's trial on Friday, and then, for the first time, they enter the wards. Tredegar House is then prepared for a fresh set of pupil-probationers on the following Saturday, and history repeats itself, with an occasional break for holidays, throughout the year.

Directly it becomes evident that any pupil-probationer is hopelessly unsuitable for hospital work, of course she returns to her friends. Doubtful probationers are usually kept to the end of the Tredegar House period if there is a reasonable hope that they will improve, and we frequently stretch a point in favor of still doubtful candidates, and give them a final trial in the hospital. Miss Stirling Hamilton, the sister in charge of Tredegar House, takes the greatest interest in her work, and the pupil-probationers are devoted to her. It is impossible to have twenty-eight people living together for six or seven weeks, under precisely similar conditions, without an experienced observer getting a fair idea of their respective characters. The judgment formed by the sister in charge of Tredegar House is of great service to me when I have subsequently to decide from the reports of the various sisters under whom the probationers begin their hospital careers how far each candidate is suitable to enter upon her four-years' engagement. Before we had this Preliminary Training-School, it was often extremely difficult to form an accurate judgment as to a probationer's capabilities. Every new probationer cannot be placed under a sister who happens to be a good judge of character, and sometimes the pressure of work in our busy wards is enough to excuse a sister for not having paid a great deal of attention to a probationer too new and inexperienced to be of much use. If some months pass before it is ascertained that a probationer has no aptitude for nursing, this represents loss to the *hospital,* for we have to manufacture our own trained nurses entirely. A probationer who fails may have gained *something* from her comparatively brief hospital experience, but *we* lose the valuable time we have expended in a vain endeavor to make her a trained nurse, and have to commence the process over again with another beginner.

FROM CIRCULAR SENT TO APPLICANTS.

"The training given at Tredegar House to probationers costs the London Hospital no less than one thousand pounds a year. The committee of the hospital feel that they are bound to protect themselves from giving this training to applicants who either do not really mean to enter the hospital—but who, nevertheless, profess their intention of signing the agreement for four years, if approved—or who, having had the Tredegar-House training, change their

minds and desire to leave. The committee are, therefore, compelled to require every applicant to give the name of someone who will be responsible in a fine of ten pounds if she, *of her own accord*, break her agreement, or withdraws after leaving the Preliminary Training-School. This must not be understood as condoning the breach of faith such conduct involves, but merely as a protection that the hospital funds shall not suffer by such withdrawal, which, happily, very rarely occurs."

IN MEMORIAM

[The following poem was written for the dedication of the Isabella Graham Hart Memorial Home for Nurses of the Rochester City Hospital, Rochester, New York, by the Rev. J. T. Ely. An illuminated copy hangs under the portrait of Mrs. Hart in the spacious and beautifully decorated hall of the building.—ED.]

" A GRACIOUS presence fills these halls,
A voice of gentleness recalls
One whose sweet ways of doing good
Were like a new beatitude.
Her smile was blessing, and her heart
With all who suffered had its part,
While deeds of kindness marked the way
She trod in secret day by day.
So gently planned, so kindly thought,
So modestly were all things wrought,
Hiding the giver in the gift,
That only through some tell-tale rift
Streamed forth the shining of her face
To lend each gift its choicest grace.

" The 'angel of the house' she moved
In ministry for those she loved;
And calling back her presence bright,
With all its effluence of light,
E'en through our tears—thou vanished one,
Whose path by ours no more may run—
We joy to think what earth can give
To make it blessedness to live.

" And ye who enter through these doors,
Dwell in these rooms, and tread these floors,
Think sometimes in your work of love
Of her who watches from above;
And as ye soothe the throb of pain,
Or give the weary hope again,
Or bear the fret of hopeless ill,
Or help the helpless to be still,
Think how amid the angel throng
A brighter joy, a sweeter song,
May still be hers, to feel that here
Her love, through you, from year to year,
In ministry that shall not end,
May still the suffering world befriend.

" Our hearts were dull to disbelieve
That heaven itself may joy receive
From deeds of kindness done on earth
Which in that higher realm have birth.
We do not know, we cannot tell,
How to that world invisible
Our world is joined; but still we know
The two most sweetly interflow,
And treading ways of service here,
The spirits of that holier sphere
May still attend us in our round,
With us in one communion bound.
Her memory thus may blessing give
Here where her name enshrined shall live,
And she in that world win new bliss
From love that ministers in this."

PROGRESSIVE MOVEMENTS

IN CHARGE OF

LUCY L. DROWN

THE LONDON PUBLIC-SCHOOL NURSE

By HONNOR MORTEN

[Miss Honnor Morten, a trained nurse, graduate of the London Hospital, is a member of the London School Board, which originated and put into practice the system of school nursing which she has described in the following paper. Miss Morten founded the Hoxton Social Settlement, and has been the inspiration of many independent movements among women, all progressive, social, and unselfish. She is well-known among nurses, writers, educators, and social reformers as a fearless and inspiring leader of high purpose.—Lillian D. Wald.]

So long ago as 1891, at the International Congress of Hygiene and Demography, Dr. Malcolm Morris gave it as his opinion that a staff of specially educated nurses should visit the public elementary schools regularly to inspect the children. He spoke chiefly with reference to ringworm, but there are other contagious and infectious diseases that are just as much spread through schools, many of which are even more dangerous and uncleanly. But there is often a long time between the inception of an idea and the putting of it into practice, and it was not until 1897 that "The London School Nurses' Society" was formed, and even now the staff of nurses supplied cannot visit a quarter of the elementary schools. The society is a purely voluntary one, dependent on subscriptions, but it was founded by a member of the London School Board, and Lord Breay, chairman of the School Board, is vice-president of the school nurses. It was therefore easy to secure the necessary official permission for the nurse to enter the schools.

The following quotation from the first report of the society gives the best idea of the work:

"Already three nurses visit some of the poorest schools, and attend to the small ills of the scholar—such as sore heels and inflamed eyes. Excellent results follow their ministrations; each is able to visit four schools in one day and see about one hundred children, who are sent to her, one by one, by the teachers. Probably it will be difficult to im-

press on the public the importance of the work to be done or the necessity for these nurses, but it must be remembered that the sore heel soon becomes poisoned if left to London dirt, and that the inflamed eyes often lose all power of seeing simply through neglect. There is no more sure way of securing the health of the people than to arrest small ills at the beginning; a nurse can see at a glance whether a child should be sent to a doctor; she can impress cleanliness; she can follow up bad cases to their homes; she can recognize the early symptoms of fevers and do much to stop the spread of those infectious diseases which so often devastate our schools. It is found that cases of bad eyes and dirty heads are practically stamped out of a school by six months' regular visiting; consequently each nurse is able to enlarge the scope of her work as time goes on."

It should be mentioned that the medical inspection of children as carried out in New York does not exist in London, and that the London School Board, with sixty thousand children in its schools, has only one permanent medical officer, who sits up at the central office and collects statistics. It is possible that the nurse is, for small ills, more useful than the doctor, for where the doctors in New York exclude some fifty cases of contagious eye-disease and some one hundred cases of parasites of body every week, the London nurses do not necessarily exclude, but clean generally and treat the children, and, if the cases are very bad, follow them up to their homes and see that they get medical attention there.

It is perfectly certain that medical inspection of school-children must come in London soon: we cannot afford much longer to lag behind the United States and the Continent, for Belgium, Germany, and other countries have their examinations. But it is to be hoped that the London scheme when formulated may include both doctor and nurse, and that the New York scheme might be amended by the addition of nurses. Some selections from a school-nurse's report-book are given in conclusion:

No. 1 School.—"There is very little difference in the numbers at this school. Since Easter they have been decreasing a little. One sees on an average sixty-five children three times a week. There are very few head cases and not many eyes. The chief ailments are sore heels and poisoned fingers, and casualties such as burns, cuts, etc., keep up the numbers. The head mistress and head master in this school are most interested, and do all they can to help. Several parents seen, and their co-operation secured."

No. 11 School.—"The numbers increase in this school. The eye cases are falling off, but a good many new children, chiefly foreigners

and new scholars, come. The sore faces are disappearing. Average number forty-five three times a week, making a total of one hundred and ten."

School No. 3.—"Numbers decreasing. Sore throats prevalent. One case of chicken-pox sent home. A great many extra eye cases. No heads. Visited twice a week."

School No. 4.—"This school is now visited once a week. Scarcely any eye or head cases. There are a great many sores and cuts and poisoned fingers. Two cases of mumps sent home."

School No. 5.—"First visited on May 25. There are a great many eye and head cases in the junior mixed and special departments, and there is much to be done. The head mistress of the junior mixed department is most helpful. School visited three times a week."

THE ORANGE VISITING NURSES' SETTLEMENT

By MARGARET H. PIERSON

The visiting nurse has become an established factor in the economy of nursing, and among the various centres that are coming into existence for the development of her work is one in Orange, New Jersey. This is a settlement, and the fundamental principles underlying all real settlement work will be worked out as far as possible by the residents. The head worker is a graduate of the Orange Training-School, of two years' experience in district nursing. Associated with her are two other graduate nurses of many years' experience in hospital and private nursing. The other residents are pupil nurses who come for instruction from the Training-School. Their term is for two months. The house is larger than the present need demands, hence it is possible to rent two rooms to three physicians who come for daily office hours. Two of these doctors are women, one also being a graduate of the Training-School. Rooms are rented at usual rates to graduate nurses, and one room is also converted into a School for Domestic Science, in charge of a Pratt Institute graduate. It is hoped that in time this may be developed into a school which will prove of great value to graduates and undergraduates, as well as to neighborhood classes which may be formed. The part of the house which originally was an Italian butcher shop is now an attractive reception-room, which may be rented for lectures, guild meetings, alumnæ meetings, etc. By these various means

the house derives an income which pays for rent, fuel, and lighting. Another source of income is the fees paid for nurses' visits. There is a scale of prices which patients are expected to pay. Charity work is done only, but *always,* for legitimate cases. The settlement is therefore largely self-supporting. The salaries of the residents are paid from a private source, and the public will not be burdened with a "new charity." All so far is experimental, for the house was only opened in September, but the workers find the problem one of intense interest and are sanguine for the future.

THAT man, I think, has had a liberal education who has been so trained in youth that his body is the ready servant of his will, and does with ease and pleasure all the work that as a mechanism it is capable of; whose intellect is a clear, cold logic engine, with all its parts of equal strength, and in smooth working order; ready, like a steam engine, to be turned to any kind of work, and spin the gossamers as well as forge the anchors of the mind; whose mind is stored with a knowledge of the great and fundamental truths of nature and of the laws of her operations; one who, no stunted ascetic, is full of life and fire, but whose passions are trained to come to heel by a vigorous will, the servant of a tender conscience; who has learned to love all beauty, whether of nature or of art, to hate all vileness, and to respect others as himself.

Such an one and no other, I conceive, has had a liberal education, for he is, as completely as a man can be, in harmony with nature. He will make the best of her, and she of him. They will get on together rarely; she as his ever-beneficent mother, he as her mouthpiece, her conscious self, her minister and interpreter.—THOMAS H. HUXLEY.

PROF. W. O. ATWATER, who has made experiments covering the food supplied to the average poor man, as compared with the rich man's table, says:

"Investigation proves that the poor man gets a much greater real value in food for his money than does the rich man. The true nutritive properties of food on the poor man's table are much greater than of the food on the rich man's table.

"Three-quarters of the food the rich man buys is wasted. However, figures will prove that a man cannot easily live on fifteen cents a day."

PROPHYLACTICS

IN CHARGE OF

MARY M. RIDDLE

THE RELATION OF BACTERIOLOGY TO PREVENTIVE MEDICINE

By JOHN H. McCOLLOM, M.D.

Resident Physician, Boston City Hospital, South Department; Instructor in Contagious Diseases, Medical School of Harvard University

(Concluded)

SCARLET fever, reasoning by analogy, must be due to some specific organism, but this organism has not as yet been discovered. Certain observers claim to have found a streptococcus in the throats and blood of scarlet-fever patients. This organism resembles the streptococcus pyogenes, but it is said to differ from it by not coagulating milk when grown in pure cultures. These observers consider that the contagium of scarlet fever resides in this organism, that the disease is infectious only during the time that the throat is sore. They also state that the scales thrown off during the period of desquamation are not infectious, but there is abundant clinical proof to the contrary. There is a vast field of research open to the bacteriologist in searching for the cause of this disease. Klein, in a report to the Local Government Board of London, says that this streptococcus is the specific organism that causes the disease, and while his experiments are extremely interesting they do not seem to absolutely prove his point. If it could be established on a strict scientific basis that the desquamative stage of scarlet fever is not infectious, it would relieve patients from a tedious period of isolation and the hospital of a great number of convalescent patients. Since the bacteriological examination of throats has become so frequent, the association of scarlet fever and diphtheria has become less common, from the fact that the membrane frequently seen in the throats of scarlet-fever patients can only be differentiated by a bacteriological examination. An examination of thirty cases of scarlet-fever throats, made at the Bacteriological Laboratory of the Harvard Medical School, in which there was a distinct membrane, which clinically could not be

distinguished from a diphtheritic membrane, showed the presence of the bacillus of diphtheria in only six instances. The importance of a definite diagnosis is very great, not only for purposes of treatment, but also for purposes of isolation, particularly in a hospital where the cases are rigidly classified. If the organism of scarlet fever is ever discovered, we may hope to find an antitoxin for the disease, but for the present, both in treatment and prophylaxis, we must grope in the dark.

Whooping-cough, although not a very fatal disease in this country, is yet so infectious that an early diagnosis for purposes of isolation is very important. The impossibility of making an early positive diagnosis is well recognized. When, in 1887, a German bacteriologist announced the discovery of a bacillus in the masses of mucus expectorated by patients with whooping-cough, it was hoped that the presence of this organism would furnish a sure and reliable means of diagnosis. Further investigation, however, has failed to establish the etiological relation between this organism and whooping-cough. This organism is described as a small, slender bacillus, solitary, in pairs or in chains. It is an aërobic non-liquefying motile bacillus. The presence of spores has been demonstrated. It grows on the usual culture media at room temperature. When a pure culture of this organism is injected into the air-passages or pulmonary parenchyma of young dogs and rabbits broncho-pneumonia and attacks of spasmodic coughing resembling those of whooping-cough are caused. In some few instances death has followed the injection, and when this has occurred the bacilli are found in the bronchial and nasal mucus.

During the general epidemic of influenza in 1891, the attention of bacteriologists was directed to the discovery of the specific organism of this disease. In 1892 Pfeiffer found in the bronchial secretions of thirty patients suffering from influenza a small bacillus which he considered to be the cause of the disease. Canon, who at about the same time made independent observations, found a similar bacillus in the blood of twenty patients suffering from influenza. Canon's method of preparing the cover-glasses is as follows: The blood is taken from the lobe of the ear or from the finger and spread in extremely thin layers on the cover-glasses. When these cover-glasses are thoroughly dry they are put in absolute alcohol for five minutes. After this they are placed in a staining solution composed of a concentrated aqueous solution of methylene blue, forty grammes; one-half per cent. of eosin dissolved in seventy per cent. alcohol, twenty grammes; distilled water, forty grammes. The cover-glasses are then placed in an incubating oven at 37° C. for from three to six hours, after which they are washed in

water and dried. When examined under the microscope the red blood-corpuscles are found to be stained red by the eosin, and the leucocytes and bacilli are blue. The organism is in these cases sometimes found in large numbers, and sometimes only a few can be found in the field of the microscope. Pfeiffer considers that this organism is the specific cause of influenza for the following reasons: first, that it was found in all uncomplicated cases of influenza examined, in the purulent bronchial secretions, and that it was frequently situated in the protoplasm of the pus corpuscles; second, that it was found only in cases of influenza, numerous control experiments having demonstrated its absence in ordinary bronchial catarrh.

The similarity of the clinical appearances between a case of bilious remittent fever so common in the southern portion of this country, as well as on the west coast of Africa, and yellow fever is so marked that the difficulties of differentiating these two diseases are frequently very great. Cholera may be mistaken for an attack of remittent fever of the congestive type. The specific organism of yellow fever has not as yet been discovered, although Sternberg has made very exhaustive research in this line. There is every reason to believe that yellow fever is due to some specific organism, and there is a vast field of research open in this direction for the enthusiastic bacteriologist. Regarding swamp or intermittent fever, scientific research has established beyond a doubt the existence of the specific organism which stands in an etiological relation to the disease. The assistance that the knowledge of this organism gives in making an accurate diagnosis of malarial fever is very great. This organism, which was discovered by Laveran in 1880, is not a bacterium, but is a parasite belonging to the class of protozoa. The development and multiplication takes place within the blood-corpuscles. It is claimed that different forms of this organism are found in the different types of malarial fever. How much these various forms are related to one another, whether they are different stages of the same growth, or whether they belong to different species, has not been definitely settled. It is the opinion of Laveran, who has investigated the subject very carefully, that this protozoön is a polymorphic organism, and that the change in form causes a change in the type of the fever due to some unknown condition of the patient. Osler, on the other hand, thinks that the different forms of the organism belong to separate and distinct species. Laveran divides this germ into four classes: first, spherical bodies with nuclei with distinct amœboid movement; second, crescentic shapes with nuclei; third, a rosette form; fourth, bodies with flagella. These flagella are found only in fresh blood, and are so delicate that it is impossible to see them unless they are in motion. Coun-

cilman says that the bodies with flagella are found most commonly in blood aspirated from the spleen. These organisms are found in the red blood-corpuscles or adhering to them. It is supposed that they absorb the pigment from the corpuscle, and after increasing in size at the expense of the blood-corpuscles this pigment is found in distinct granules and rods. Laveran found the crescentic forms of this organism more common in the quartan and irregular types of the disease. Quinine is said to act upon the amœboid form of the parasite and gradually destroys it. Phagocytosis plays an important rôle in the spontaneous recovery from malarial fever, and it is a question whether the effect of quinine in the treatment of this disease is due to a direct action of the drug on the organism or to a stimulation of the leucocytes. Golge's investigations would seem to prove that there are several distinct parasites, and that tertian, quartan, and double quartan fevers are due to organisms having a life cycle which corresponds with each variety of the fever. The manner of examining blood is as follows: Extremely thin layers of blood are spread on the cover-glasses, which are allowed to dry, being protected from dust. The cover-glasses are then placed on a brass plate and heated for an hour or an hour and a half, and are then stained in a very dilute solution of methylene blue. It is not well to use eosin, as some varieties decolorize the blue and thus lead to faulty results. The cover-glasses should then be carefully washed, dried, and mounted. It is always well to examine the blood in a fresh state unstained on a warm stage of the microscope, as the process of staining interferes with the amœboid movements. Another method of preparing cover-glasses is to place them for five or ten minutes in alcohol and then dry in the air, instead of heating them as before mentioned. The advantage of this method is the fact that too much heat will destroy the organism. In Mannaberg's method of staining, the cover-glasses are placed for five minutes in water and then dried with filter paper and placed in a very weak solution of acetic acid for the purpose of removing the hæmoglobin. The cover-glasses are then placed in a fixing preparation composed of thirty parts of a concentrated watery solution of picric acid, thirty parts of water, and one part of vinegar. Then they are placed from twelve to twenty-four hours in a solution of alum hæmatoxylin. When this preparation is properly mounted the parasites and leucocytes appear blue, the red corpuscles without color.

CONSTRUCTION, SANITATION, AND HYGIENE

IN CHARGE OF

M. E. P. DAVIS

A DESCRIPTION OF THE PROPOSED NEW LAUNDRY OF THE UNIVERSITY OF PENNSYLVANIA HOSPITAL

WITH SPECIAL REMARKS AND EXPERIMENTS UPON DISINFECTION IN CONNECTION WITH THE WORK OF HOSPITAL LAUNDRIES*

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(*From the Laboratory of Hygiene, University of Pennsylvania*)

(Continued)

THE plan to which we give preference, because of its safety and simplicity, is as follows: All bedclothing and underclothing that are stained with evacuations from the intestinal canal, whether they are of an infectious nature or not, also all articles stained with discharges from wounds, are, upon their removal from the patient, to be placed at once in a covered vessel containing a disinfecting fluid that has been brought to the bedside, and they are to remain in this solution until the time necessary for disinfection has expired before they are permitted to be washed with other clothing.

Objections are occasionally raised to this method of procedure on the grounds that the action of chemical disinfectants is often that of a mordant for white goods stained by blood, fecal matters, and discharges from wounds generally, and for this reason the method has not met with general favor. As opposed to these objections, the advantages possessed by it are obvious,—viz., the clothing is not carried through the ward in a dry condition, but is placed, immediately upon its removal from the patient, in a covered vessel containing a reliable disinfectant, and after a very short time is harmless and can be handled without danger of spreading infection. In view of these advantages I have endeavored to determine experimentally how far the objections to this method are based upon fact.

In my experiments, which were made upon flannel, canton-flannel, and muslin, stained both by blood and by intestinal discharges, a num-

* Read at the International Congress of Charities, Correction, and Philanthropy, Section 3, 1893.

ber of interesting and instructive results were obtained. The disinfectants with which I have made the experiments were moist heat in the form of hot water and steam, carbolic acid in three-per-cent. solution, a mixture of three-per-cent. carbolic acid and 1.5-per-cent. ordinary laundry soap in water, and 0.5-per-cent. solution of chloride of lime in cold water. Throughout, the strengths of the agents employed have been sufficient to insure disinfection of non-spore-bearing pathogenic organisms within one-half hour.

The results that I have obtained, stated in brief, are these,—viz.: white goods, including muslin, flannel, and cotton-flannel, when stained with blood or intestinal discharges, and the stains allowed to dry, and subjected to either hot water at a temperature of from 176° F. to the boiling-point, or when immersed for two hours in a solution of corrosive sublimate of the strength of 1 to 1000, have their stains so fixed that it is impossible to remove them subsequently by any of the ordinary methods employed in laundry work. Carbolic acid of the strength of three-per-cent. solution in cold water, alone or plus the addition of 1.5-per-cent. common laundry soap, which renders the acid more soluble, does not have the property of fixing these stains indelibly, even though the goods may be soaked in this solution for as long as eighteen hours.

Chloride of lime in the proportion of 0.5-per-cent. solution in cold water has also no effect in fixing the stains, and has likewise apparently no injurious action upon white fabrics that are exposed to it for a period of one hour. It is to be borne in mind that satisfactory results in disinfecting bedclothing and underclothing by this method, and at the same time ridding them of all unsightly stains, are only to be obtained when the entire process is carried on at a temperature not exceeding 100° F., for, as I have demonstrated, blood-stains and stains of intestinal evacuations, when partly removed from white goods by soaking them for from one to two hours in cold disinfectant solutions, may still be rendered partly indelible by the subsequent action of hot water.

They should, therefore, when the time necessary for disinfection has passed by, be removed from the disinfectant solution and thoroughly rinsed in cold soap and water until all traces of the stains have been removed; they can then be subjected to the usual processes of the laundry. I have found that blood-stains, both recent and old, are, contrary to what I had expected, more easily removed from white goods than are the stains of fecal matters; the latter, even when recent, but dried, are exceedingly difficul to remove. For the removal from white cotton goods of stains of this character, and at the same time for their complete disinfection, the solution of chloride of lime of the strength of 0.5-per-cent. acting for one hour has given me the best results, but

it is open to two objections—first, the difficulty of obtaining a preparation of this substance in which the proportion of available chlorine is at all constant, and, secondly, the objection frequently raised, for which I cannot vouch, that preparations of chlorine, when allowed to act repeatedly on cotton and woollen fabrics, cause them to deteriorate.

For these reasons I have given the preference to the mixture of carbolic acid and soap as recommended by Nocht (*Zeitschrift für Hygiene,* Bd. vii., 1889). The strength of the mixture is:

Carbolic acid, 3 parts;
Common soft soap, 1½ to 2 parts;
Cold water; 100 parts.

The soap is to be dissolved in the water, after which the acid is to be added and the mixture thoroughly stirred. Experiment has shown that in this strength all non-spore-forming pathogenic organisms are destroyed in one-half hour.

Another mixture that is sometimes recommended, and upon which I have made a few experiments, consists of equal parts of crude carbolic acid and concentrated sulphuric acid dissolved in water to the required strength; this is not to be recommended for laundry purposes, as it not only gives rise to an unsightly dirty-yellow discoloration of both cottons and woollens, but has also, in my experiments, had some effect in fixing the stains. This preparation of carbolic acid is, moreover, of very doubtful value in the proportion of phenol contained in it, is but a few cents per pound cheaper than commercial carbolic acid, and, as just stated, possesses disadvantages which at once exclude it from use in the laundry. There are three grades of carbolic acid usually on the market,—viz., the crude, the commercial, and the chemically pure. The first is excluded from use for the reasons just given, while the third mentioned is relatively too expensive; the second, the commercial carbolic acid in the strength given, answers perfectly well for all practical purposes.

(To be continued.)

Do not indulge romantic ideas of superhuman excellence. Remember that the fairest creature is a fallen creature; yet let not your standards be low. If it be absurd to expect perfection, it is not unreasonable to expect *consistency.* Do not suffer yourself to be caught by a shining quality till you know it is not counteracted by the opposite defect. Be not taken in by strictness in one point till you are assured there is no laxity in others. In character, as in architecture, proportion is beauty.—HANNAH MORE.

HOSPITAL AND TRAINING-SCHOOL ITEMS

IN CHARGE OF

LINDA RICHARDS

At the annual meeting of the National Sanitarium Association, held at the National Club, Toronto, Canada, the third annual report of the association was presented. The work in the Muskoka Cottage Sanitarium—a sanitarium for consumptives—has shown most gratifying results. The institution was opened three years ago, and three hundred and seventy-one patients have been received; of these forty-seven are still under treatment. The great benefits of the system are shown by the following satisfactory figures: Number discharged apparently cured, fifty-seven; with disease arrested, ninety-five; with marked improvement, seventy-eight. Generally speaking, the patients have not remained long enough to reap the full benefits of the sanitarium. The average stay has increased each year, and this year amounted to one hundred and twenty-nine days. With a longer period of treatment there is no doubt that the results would be still more decided. Local physicians frequently advise those entering the institution to remain for a month or six weeks only. By the end of that period the more alarming symptoms have subsided and the patient leaves the sanitarium before permanent benefit has been obtained. This is one of the adverse conditions which prevents the attainment of the results towards which the management is steadily aiming.

At the beginning of the hospital year, October 1, 1899, forty-eight patients were present, and during the year one hundred and forty-one have been admitted, making a total of one hundred and eighty-nine. Of these forty-three were from the city of Toronto, one hundred and thirty from other parts of Ontario, four from other provinces of Canada, and twelve from the United States. Out of the total one hundred and twenty-two remained in the institution more than three months. Of these one hundred and nine gained in weight, six lost, and seven neither gained nor lost. The total receipts were nineteen thousand and twenty dollars, and the expenditure for the year amounted to over twenty thousand dollars. Two items of the expenditure show the expensive character of the treatment,—viz.: butcher's meat, three thousand one

hundred and forty-eight dollars, and milk, one thousand two hundred and sixty-three dollars.

The general policy has been to admit only those whose condition affords reasonable hope of cure. For advanced cases an infirmary is greatly needed, but this cannot be established without additional financial support. For the same reason the trustees are compelled to delay the opening of a free department for the poor.

Sanitarium treatment in Canada produces its wonderful results from the judicious combination of many agencies. The pure air, the dry climate, the strict regularity and constant out-door life, the careful supervision of exercise, the restriction of the diet to what is best suited to the patient, the sympathy of numbers all working to the same end, —all these are comparatively lost outside the institution.

For the second time since the dedication of the beautiful Isabella Graham Hart Memorial Home for Trained Nurses of the City Hospital, Rochester, New York, that institution has graduated a class. The event occurred November 20 at the home, which was specially arranged to meet the demands of these occasions. The beautiful rooms were filled with the graduating class and their friends, the managers, trustees, and patrons of the hospital, and others interested. Dr. Converse, who gave the address, said there was nothing more striking or of greater interest than the heights to which the profession of nursing had risen, and he thought this largely due, not only to the excellent training received, but to the high character of the professional nurses.

"There are two questions which should occupy the mind of the trained nurse when she goes out to take up her profession," said the speaker, "which are, How best can I fulfil expectations? and How best shall I be worthy of the confidence reposed in me? I say 'reposed,' because your training is known to be of the highest order, and therefore your profession invites confidence. And the answer to these questions is two-fold, by being true at all times to the highest ideal of womanhood, and by being true at all times to the highest ideal of your vocation.

"I put womanhood first designedly, but by doing so I do not invite you to a meagre disregard of your vocation, nor do I underestimate the intelligent judgment necessary if you are to meet in any measure the responsibility which will be yours in the years to come. But I put womanhood first, because there is no profession which must be allowed to swamp your personality and womanhood. You are not to be simply trained nurses, but women whose principal delight is in doing, and the other great factor which should govern your lives is to be true at

all times to a high ideal of your vocation. Only as we magnify and make honorable our vocation can we find that stimulus and inspiration which will keep us at our best in the discharge of our duties. It is the inner spirit and motive with which you perform your service that makes it great. Think largely and highly then of your vocation."

Dr. Whitbeck presented each graduate with her diploma. As he called her name, applause greeted each one as she went forward to receive it. Congratulations from all assembled were showered upon the graduates, who are Eleanor Theresa Hannan, Edna Laura Kent, Emma Arvilla Knowles, Lydia Brown, Lotta May Kelly, Alice Cecile White, Grace, Edith Peck, Rubie Alice Smith, Lucinda Abigail Thompson, Edith Annette Whitely, Mae Gertrude Connors, Anna Mae Cosgrove, and Harriet Gertrude Bedell.

Near Asheville, North Carolina, there is to be a Home for Consumptives, where people of small means can be cared for. Mrs. Mallory, of Southern Vermont, went to Asheville, and while she enjoyed the perfect climate and watched the recovery of wealthy invalids, she constantly thought of the hundreds of sufferers in New England who were dying of consumption and who could not visit the fashionable resort. So much interested was she that she started a very modest little home.

Her success led her to start a project which will benefit hundreds. The project includes the purchase of a large tract of land and the erection of large buildings, including a hospital. The property is to be held in trust by the Old Colony Loan and Trust Company of Boston. There will be out-of-door work provided for those who are able to earn their board. Some large subscriptions have been obtained for the home, and many churches are aiding Mrs. Mallory in her work of procuring the necessary money to purchase suitable property. The physicians of Asheville are giving their support to the work. The records show that thirty-five per cent. of the victims of tuberculosis who are able to go to Asheville are cured.

A building is now in course of construction on the corner of the tract which it is the intention to purchase. One hundred and seventy acres have been paid for, and Mrs. Mallory has the refusal of the remainder until September, 1901.

A Consumptives' Home in Denver, Colorado, has proved a great success, and it is the purpose to model the Asheville institution on the Denver plan, although it is likely to be a more modest and less costly enterprise. The Denver home has been built by contributions from the East. It is a model place, where sickness is never mentioned and where invalids conform to hygienic laws.

THE evening of November 10 was a "red-letter" evening in the history of the Training-School for Nurses at the Toronto General Hospital, Toronto, Ontario. It was the occasion of the annual graduating exercises of the school, and it marked the inauguration of the "Nurses' Home." For years the nurses have been living in quarters too small to properly accommodate them, and during the past five years with the increase in attendance the crowding has become a drawback. A year ago work was begun on the Nurses' Home. To-day it is finished, equipped, and occupied by nurses in training, who appreciate the beautiful quarters it is their privilege to occupy. Miss Snively, the lady superintendent, takes a keen delight in showing visitors through the home. For sixteen years she has occupied a small suite of rooms in the centre of the main building; now she has a very handsome suite at the eastern end of the home. It consists of a drawing-room, dining-room, and pantry, a sleeping-room, and bath-room. The entire suite is very handsomely furnished and complete in every detail.

The library and entrance hall of the home have been furnished very beautifully by Mrs. Francis French, of Davenport, Iowa. In the home are forty-two double and ten single bedrooms for nurses, besides bath-rooms and lavatories. The dining-room, always attractive, was made very pretty with its white chrysanthemums and smilax. And at the close of the exercises, refreshments were served from tastefully arranged tables.

ON the afternoon of November 16, under the auspices of the Board of Lady Managers, a lecture and tea were given in the Nurses' Home of Grace Hospital, Detroit, Michigan, the object being to raise money to assist in paying for the new piano which the Ladies' Board has lately provided for the home. The lecture, which was illustrated by photographs, was given by Miss Anna Culver on "The Congressional Library," and was greatly enjoyed by a large audience of ladies. The home was very prettily decorated with chrysanthemums and roses. Mrs. J. S. Newbury and Mrs. Senator McMillan presided at the tea-table, and a pleasant social hour followed the lecture.

Through the kindness of Mrs. J. S. Newbury the nurses of the Training-School are having a course of lessons in physical culture, given by Miss Harris, of the Michigan Conservatory of Music.

A NEW hospital, which is a monument to the hard work and energy of two women, has been opened at Thirty-sixth Street and Lake Avenue, Chicago. About a year ago two graduate nurses, Mrs. Genevieve Burgoine and Miss Margaret Elizabeth Dailey, the former of Johns Hop-

kins, of Baltimore, and the latter of the Illinois Training-School, Chicago, conceived the plan of establishing a hospital where delicate surgical cases could receive more expert care than is possible in the ordinary hospital. They set to work to raise money for the equipment of such an institution, and their efforts met with remarkable success. They raised between eight thousand and ten thousand dollars, and the results of their work can now be seen. It is the intention of the founders to care for as many charity patients as the number of paying patients will allow.

THE Rhode Island Hospital Nurses' Club, Providence, Rhode Island, gave a reception on the evening of November 13 to their new superintendent of Training-School, Miss Lucy C. Ayers, who takes the place of Miss E. L. Stowe. The reception was held in the parlors of the George Ide Chace Home for Nurses, and Miss Ayers was elected president of the club.

Words of welcome were spoken by a graduate of the school and also by a number of the senior class now in the school. Miss Ayers in reply thanked the nurses for the warm welcome and assurance of co-operation.

The house was very prettily decorated with flowers, and music was provided, refreshments were served, and a pleasant social time was enjoyed by all.

THE graduating exercises of the Farrand Training-School for Nurses, Detroit, Michigan, took place at the chapel of the First Presbyterian Church, corner of Woodman Avenue and Edmund Place, October 25, at eight P.M. Prayer was offered by Rev. Wm. O. Waters. A piano solo followed, then the address by Rev. Wm. B. Jennings, D.D. This was followed by a solo by Miss Emma Bryen. Diplomas were then presented by J. L. Hudson, president of the Board of Trustees, after which came a solo by Mr. Samuel J. Slade. This was followed by the presentation of badges by J. H. Carstens, M.D., chief of staff. At the close of the exercises a reception was given in the Nurses' Home.

PERTH AMBOY, New Jersey, is to have a new hospital, which is to cost fifteen thousand dollars. There will be a central building sixty feet wide with two wings (one on each side of the main building) twenty-four by fifty-one feet each. The wings are connected with the main building by corridors, which will be used as sun parlors. The site of the hospital, which is on elevated ground, was given by the Hon. Cortland Parker, who not only donated the eight lots on which the building will stand, but has given the association an option for five

years on the eight adjoining lots. It seems probable that work will be begun in a very short time.

PHILADELPHIA, Pennsylvania, is to have a model municipal hospital. It is the object of the board to make the Philadelphia Hospital the greatest municipal institution of its kind in this country, and equal or superior to the great European hospitals whose free clinics and opportunities for bedside medical and surgical teaching attract so many students from this country. A school for children's diseases will be established, as will be new pathological and bacteriological departments, and a Roentgen-ray department, all giving opportunities for free clinics to students at the different city medical schools and hospitals.

THE annual meeting of the governors of the Homœopathic Hospital, Montreal, was held November 22. The revenue and expenses were found to balance very nearly, and the small deficit carried to profit and loss account was by the president's handsome special donation of one thousand dollars turned into a surplus applied to reduction of debt. The lady superintendent reported seventeen graduates of the Training-School and ten nurses in training. The event of the year was the presentation of a new Nurses' Home, Maternity, and Laundry, by the ladies of the Women's Auxiliary.

NOVEMBER 22 was the opening day for the Vincent Memorial Hospital annex. The hospital is on Chambers Street, Boston, Massachusetts. The annex is a gift of Miss Emma F. Monroe, and is named the "Mary Lowell Stone Memorial Home for Nurses." It is connected with the other hospital building by openings on each floor, and these openings have fire-proof doors. On the top floor is an operating-room with all the necessary adjoining rooms. The first and second floors are for nurses. They have their own private entrance, and the sitting- and sleeping-rooms are very nice and complete.

THE Women's Hospital of the State of New York, New York City, held its forty-fifth annual meeting on November 22. Announcement was made that Mrs. Frederick Thompson, who some time since donated fifty thousand dollars, had added to that very generous gift one hundred and fifty thousand dollars to erect a Home for Nurses. Other important donations were five thousand dollars from Miss Caroline E. Hollis, five hundred dollars from S. D. Babcock, eleven hundred and seventy-three dollars from the Stewart Estate, and subscriptions of sixty-three thousand six hundred dollars for the new building.

Miss M. E. P. Davis, who was for more than ten years the very efficient superintendent of the University Hospital, Philadelphia, Pennsylvania, has been appointed superintendent of the Training-School at the Boston Hospital for the Insane, her duties to commence December 1. Miss Davis has had large and varied experience, and her work in this new direction is sure to prove successful. Able women are much needed in hospitals for the insane, and it is to be hoped that the time is not far distant when every insane hospital will have its training-school with an efficient superintendent of nurses at its head.

The graduating exercises of the Cleveland General Hospital, Cleveland, Ohio, took place November 8. The exercises were held in the amphitheatre of the hospital, and a large number of friends were present. There were addresses by Rev. Dr. Picard and J. C. Aldrich, M.D., violin solo by Mr. F. W. Hicks, and reading by Mr. W. J. Hoppe. The diplomas were given by Dr. C. B. Parker. Miss E. M. Smythe, superintendent of the school, awarded the badges. Refreshments were served at the close of the exercises.

Work was commenced about the middle of November on the new sanitarium to be built at Mound City, Southern California, by the Linda-Loma Health Resort Association, which is composed of Los Angeles and Redlands physicians. The former hotel building at Mound City will be remodelled, and several new five-room cottages are to be erected. All will be provided with steam heating and thorough sanitary plumbing. The improvements will involve an expenditure of over forty thousand dollars.

A new six-story fire-proof building is to be added to the group of structures belonging to the Medico-Chirurgical Hospital, Philadelphia, Pennsylvania. It will have a frontage of one hundred feet, and will be forty-one and a half feet deep. It will have a polished granite base five feet high. The upper walls will be constructed of brick. Tile floors and partitions will be used in construction. The building will contain private rooms, private operating-rooms, and will be fitted with the latest hospital appliances.

At a meeting of the directors of the Jewish Hospital for Consumptives, on Sunday, November 11, at Cincinnati, Ohio, the society which has controlled the Jewish Hospital at Denver, Colorado, was enlarged into a national association. Thirty-five directors were elected to represent the various parts of the country. The hospital at Cincin-

nati, which has a capacity for sixty-five patients, has been filled to overflowing, and is to be enlarged to accommodate one hundred and fifty.

At the Royal Victoria Hospital, Montreal, Canada, there have just been installed new systems of heating and ventilation. Upon neither system is the work completed, but both, it is expected, will be in working order in two weeks. The cost entailed will be over sixty thousand dollars. These alterations are to obviate deficiencies which have existed since the institution was first opened to the public. In both particulars the equipment is now placed upon a most satisfactory basis.

The supervisors of Riverside, San Bernardino County, California, have formally accepted the new County Hospital just completed in the city of Riverside. The equipment of the hospital is very complete, according to the most modern standards. The building is steam-heated and wired for electricity. It was expected to be ready for occupancy by or before December 1.

There is to be a new hospital built at Salisbury, Maryland, within a year. It will have a centre building four stories high. The rooms on the first story will be used for physicians and officers. The second, third, and fourth floors will be for private patients. There will be two wings, each three stories high. Each floor in the wings will have a ward for eleven patients.

The new annex to Ward 23, Bellevue Hospital, New York City, was formally opened on the afternoon of November 22. It was consecrated by Rev. Dr. William E. Huntington, rector of Grace Church, who held a brief service. The annex has one of the best-equipped operating-rooms in the city. It is the gift of a wealthy woman whose name is not given.

The annual report of the Government Hospital for the Insane shows a total of two thousand and seventy-six patients, an increase of one hundred and thirty-eight, the largest in its history. There are nine hundred and fifty-eight taken from the army, navy, and marine hospital service, of whom two hundred and fifty-six were received during the past year.

The new building at the Delaware Hospital, Wilmington, Delaware, will be completed in a short time. The hospital will be one of the best equipped in the section when the new building is completed, and will have ample room to accommodate the patients who may be sent there. Recently the hospital has been very much crowded.

Trinity Hospital, at 50 Varick Street, New York City, New York, which has been closed since May for repairs, was reopened October 15. This hospital, which has been under the management of the Sisters of St. Mary for many years, will hereafter be under the secular superintendent, the Sisters having withdrawn.

The improvements at the United States Naval Hospital, Chelsea, Massachusetts, are nearing completion. The improvements include a general overhauling of the buildings and grounds, and the construction of a new granite building three stories high and fifty by eighty feet. The entire cost of the changes made is forty-five thousand dollars.

The bazaar held in Windsor Hall, Montreal, Canada, on November 24, under the auspices of the Homœopathic Hospital, was very successful. The nurses' stall was draped in blue and white, the hospital colors, and was in charge of nurses. The bazaar is under the patronage of Her Excellency the Countess of Minto, but there was no formal opening.

At Hotel Dieu, Quebec, Canada, on November 30, an operation for appendicitis was performed without ether. Cocaine was injected, and the lower part of the patient's body was rendered insensible to pain, and he was thus able to see the operation without feeling the operator's knife.

St. Vincent Hospital, Birmingham, Alabama, was opened for inspection on Thanksgiving Day. Mass was celebrated in the chapel by Right Rev. Edward P. Allen, Bishop of Alabama, after which the building was dedicated. The hospital opens with a bed capacity of two hundred, of which sixty or seventy will be free patients.

The removal of the Wisconsin General Hospital, Milwaukee, to its new site has been completed. The institution, which will be known in the future as the Lakeside General Hospital, is now provided with commodious and well-arranged wards.

Buffalo General Hospital, Buffalo, New York, is to have a new wing, the cost of which will be thirty-five thousand dollars. It will be of yellow brick and terra-cotta, and will correspond to the addition recently built on the northeast wing.

Miss Mira Hershey, of Muscatine, Iowa, daughter of the late millionaire lumberman, Benjamin Hershey, has purchased ground for the site of the public hospital which she will erect and donate to the city.

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF

MARY E. THORNTON

CONGRESS OF NURSES.

In the work of forming a committee to convene a Congress of Nurses in Buffalo next summer, the officers of the Alumnæ and of the Superintendents' generally felt that the committee should be broadened so as to represent, as far as possible, all the different trends of evolutionary activity among nurses.

The officers of the Buffalo Association were consequently persuaded to stand on the committee as a whole representing the general club idea, and all of the American members of the International Council as representing the cosmopolitan and council idea.

A letter of invitation was then prepared as below, which is being distributed as widely as possible, and a short business letter followed, asking for delegates from nursing organizations.

The committee desire it to be made known that it is their wish not to overlook any such organization, and if this should unintentionally happen, the secretary of such association is asked to communicate with the secretary *pro tem.*

As this is the first time that American nurses have attempted the entire management of a nurses' congress, they hope to carry it out in accordance with the traditions of Western hospitality.

CONGRESS OF NURSES

TO BE HELD IN

BUFFALO, NEW YORK STATE, U.S.A.

IN THE

LAST WEEK OF SEPTEMBER, 1901.

ORGANIZATIONS OF NURSES REPRESENTED BY THE COMMITTEE ON CONVENING CONGRESS:

The Buffalo Nurses' Association.
The American Society of Superintendents of Training-Schools for Nurses.
The Associated Alumnæ of Training-Schools for Nurses of the United States.
The International Council of Nurses.

"INVITATION TO CONGRESS OF NURSES.

"The new century is near, and it must be the desire of all people that it may bring with it new promises for peace and hope and opportunity of rising into a higher and fuller life for all humanity.

"First among the impulses towards a more real and satisfying existence is the wish for acquaintance, the desire to establish friendly relations, the reaching after personal contact: that we may know our fellow-workers in other lands, exchange our thoughts with theirs, and feel the magic of association in common interests,—this is the spoken and unspoken urgency of to-day.

"We nurses feel this universal motive. Scattered over the earth, doing the one work wherever we are, we feel the need of knowing one another; we need one another's help, counsel, encouragement; we need to compare our methods, our aims, our results; we need organization, for our own strengthening, and for the perfecting of our ideals.

"Next September, in Buffalo, one of the Lake Cities of New York State, the people of Pan-America will meet in friendly gathering to commemorate the New Time.

"We American nurses, who also look forward to assembling within the hospitable walls of the Exposition City during the Pan-American celebrations, desire to make this occasion one for inviting a Congress of Nurses to gather here from all parts of the world. The Buffalo Nurses' Association offers a warm welcome and hospitality to all; the two oldest of our nurses' associations, the American Society of Superintendents and the National Alumnæ, have already planned to hold their annual conferences there; the International Council of Nurses, lately formed, in which the United States and Canada have representation, will hold its second business meeting at the same time; and, we hope, our Order of War-Nurses may gather there also.

"It will be a rallying-time such as does not often come in our busy lives, and we therefore call upon you, our sister nurses of all lands, to meet us and let us meet you, in a congress where we may lay the foundations of new international affiliations to our mutual enrichment and to the upbuilding and advancement of our chosen work.

Signed,

"Annie Damer,
President Buffalo Nurses' Association; Member Board of Women Managers Pan-American Exposition.

"Mrs. Thomas Morley,
First Vice-President Buffalo Nurses' Association.

"Caroline Steele,
Second Vice-President Buffalo Nurses' Association.

"Jeannette Oliver, M.D.,
Recording Secretary Buffalo Nurses' Association.

"Sylveen A. Nye,
Corresponding Secretary Buffalo Nurses' Association.

"Adelaide Marston,
Director Buffalo Nurses' Association.

"Margaret Simpson,
Director Buffalo Nurses' Association.

"A. T. Greenwood,
Director Buffalo Nurses' Association.

"EMMA J. KEATING,
Superintendent of Nurses, Erie County Hospital; President American Society of Superintendents of Training-Schools for Nurses; Second Vice-President Associated Alumnæ of Trained Nurses of the United States.

"ISABEL MCISAAC,
Superintendent of Nurses, Illinois Training-School; ex-President American Society of Superintendents of Training-Schools for Nurses.

"ISABEL MERRITT,
Superintendent of Nurses, Brooklyn City Hospital; First Vice-President American Society of Superintendents of Training-Schools for Nurses.

"SOPHIA F. PALMER,
Superintendent Rochester City Hospital; Second Vice-President American Society of Superintendents of Training-Schools for Nurses; Editor-in-Chief AMERICAN JOURNAL OF NURSING.

"ANNA L. ALLINE,
Late Superintendent of Nurses, Brooklyn Homœopathic Hospital; Treasurer American Society of Superintendents of Training-Schools for Nurses.

"LAVINIA L. DOCK,
Secretary American Society of Superintendents of Training-Schools for Nurses; Secretary International Council of Nurses.

"C. E. MILNE,
Superintendent of Nurses, Presbyterian Hospital, Philadelphia; Auditor American Society of Superintendents of Training-Schools for Nurses.

"ALICE A. GRISWOLD,
Superintendent of Nurses, Boston Homœopathic Hospital; Auditor American Society of Superintendents of Training-Schools for Nurses.

"M. ADELAIDE NUTTING,
Superintendent of Nurses and Principal of School for Nurses, Johns Hopkins Hospital; Councillor American Society of Superintendents of Training-Schools for Nurses; Councillor International Council of Nurses.

"MARY M. RIDDLE,
Superintendent of Nurses, South Department, Boston City Hospital; Councillor American Society of Superintendents of Training-Schools for Nurses.

"ANNIE MCDOWELL,
Superintendent Newton Hospital; Councillor American Society of Superintendents of Training-Schools for Nurses.

"LINDA RICHARDS,
Superintendent of Nurses, Taunton Insane Hospital; Councillor American Society of Superintendents of Training-Schools for Nurses.

"MARY A. SNIVELY,
Lady Superintendent Toronto General Hospital; Councillor American Society of Superintendents of Training-Schools for Nurses; Treasurer International Council of Nurses.

"ISABEL HAMPTON ROBB,
Late Superintendent of Nurses and Principal of Training-School Johns Hopkins Hospital; President Associated Alumnæ of Trained Nurses of the United States; Councillor American Society of Superintendents of Training-Schools for Nurses.

"Emma C. Hackett, M.D.,
First Vice-President Associated Alumnæ of Trained Nurses of the United States.

"Tamar Healy,
Treasurer Associated Alumnæ of Trained Nurses of the United States.

"Mary R. Thornton,
Secretary Associated Alumnæ of Trained Nurses of the United States.

"Annie Murray,
Late Superintendent of Nurses, Royal Victoria Hospital; Councillor International Council of Nurses.

"Agnes Brennan,
Superintendent of Nurses, New York Training-School attached to Bellevue Hospital; Councillor International Council of Nurses.

"Lucy Quintard,
Superintendent of Nurses, General Hospital, Puerto Principe, Cuba; Councillor International Council of Nurses.

"Lucy Walker,
Superintendent of Nurses, Pennsylvania Hospital, Philadelphia; Councillor International Council of Nurses.

"Hanna Kindbom,
Late Instructor of Clinical Nursing, University of Texas; Councillor International Council of Nurses.

"Maud Banfield,
Superintendent Polyclinic Hospital; Councillor International Council of Nurses."

[This letter is accompanied by a short business letter asking for delegates from all bodies of nurses.]

"*To the Nurses of New York State.*

"It is appropriate that at this time some information should be given of the progress of the proposed 'New York State Nurses' Association.' It was the intention of the committee that the matter should, if possible, be brought to the attention of every recognized hospital and of every trained nurse in the State, but as no directory of either exists, it has been found difficult to reach all.

"A list was made out which was intended to include all hospitals in the State in which a training-school existed or where trained nurses were employed. They were divided among the committee, with a request that they communicate with the superintendent and the graduates of the school, acquainting them with the plan and asking their co-operation and support, and requesting them to send delegates to the first meeting.

"The time and place of the meeting cannot be definitely settled until reports are received from all members of the committee.

"Albany has been suggested as a desirable city in which to hold the meeting, and the time will be decided as soon as the reports are all in. The members of the committee are all busy women, who have manifold duties besides organization work. Sympathetic and cordial responses have been received from many hospitals, and nurses have invariably shown much enthusiasm. We have no

doubt of the support of our profession. Our experience thus far indicates that the nurses of this State will act as a unit, and we also have reason to believe that we shall have the support of the medical profession. We should, for the interests of physicians and nurses are identical.

"In conclusion we wish to say: Due notice will be given of the time and place of the meeting through the nursing journals, and each hospital and alumnæ association will also be informed. They would be announced at once if the reports from all the committee justified a decision.

"We also wish to say that we have endeavored to reach, either directly or indirectly, every hospital and every nurse in the State. It will be readily understood that with no records or directory for assistance some may have been omitted. We want all to know that no neglect is intended, and we will consider it a kindness if any such omission be reported to the chairman.

"SYLVEEN V. NYE,
"Chairman of Committee.

"404 PRUDENTIAL BUILDING, BUFFALO, NEW YORK."

RESOLUTIONS FORWARDED TO MISS STOWE

AT a meeting of the Rhode Island Hospital Alumnæ Association held on November 19, a committee appointed presented the following resolution:

"*To Miss Emma S. Stowe.*

"The members of the Rhode Island Hospital Alumnæ Association wish you to know how sincerely they regret your departure from the hospital.

"During the nine years in which you have stood at the head of our Training-School, you have been always ready with words of sympathy and advice, and eager to do all in your power for our welfare. We feel that your aim is to maintain a high standard for nurses, and the recollection of your faithful, conscientious work inspires us to keep the standard where you have placed it.

"May the long-needed rest restore you to vigorous health, and enable you to take up your work buoyant and refreshed.

"Could we select for you, we should have you near us, and in a path richly glowing with sunshine.

"Signed on behalf of the association,
"SARA SHEARER GOWING,
"ELLEN A. KENNY,
"MARGARET WILSON."

The resolution was unanimously adopted, and it was voted that it be placed upon the records, and a copy forwarded to Miss Stowe by the secretary.

BOSTON, MASSACHUSETTS

The Alumnæ Association of the Massachusetts Homœopathic Hospital held its annual dinner at Hotel Vendome, Tuesday, November 6. This proved one of the most successful gatherings of the association. The private dining-hall was tastefully decorated, an excellent dinner served, and a large number were present to enjoy it. After the dinner Dr. Abbott, of Boston, was introduced by the president and spoke on several questions of interest. Her remarks were followed by those of Miss Alice A. Griswold, superintendent of the Training-School, who spoke particularly of army nursing. Good music was provided, and all felt it to be a most profitable entertainment.

PRESBYTERIAN ALUMNÆ OF PHILADELPHIA RECEIVE A DONATION

At a meeting of the Alumnæ Association of the Training-School for Nurses of the Presbyterian Hospital in Philadelphia, held October 21, 1900, the announcement was made to the members that the sum of six thousand dollars had been given to the hospital for the endowment of a bed in the hospital for the benefit of members of the Alumnæ Association.

This generous gift was the contribution of Mr. James T. Magee (a trustee of the hospital), together with his brother, William S. Magee, as a memorial to their father, Michael Magee, and under the following conditions:

"*First.* That the said bed shall be for the use of the members of the Alumnæ Association of the Training-School for Nurses of the Presbyterian Hospital in Philadelphia.

"*Second.* That if said association at any time hereafter shall cease to exist, the bed shall be held by the hospital for the use of the graduate nurses of its Training-School.

"*Third.* That if the said association shall at any time hereafter make a contribution of four thousand dollars to the hospital it shall become entitled to the use of two free beds (one of which to be in its own name), or of a room in the Pay Patient Department of the hospital, the same as if the whole ten thousand dollars had been contributed by said association."

At the same meeting of the association the resolution was passed, unanimously, authorizing the contribution to the hospital of two thousand dollars, the sum in the treasury of the association at the present

date, to be added to the six thousand dollars for the further endowment of the bed for the use of the members of the Alumnæ Association.

A series of classes are being held by the Alumnæ Association every Monday afternoon at four P.M. in the parlor of the Nurses' Home, 28 North Thirty-ninth Street. These classes are on current events and are conducted by Miss Annie M. Earle, commencing in November and continuing through January. In these classes the society is joined by the members of the Alumnæ Associations of the Pennsylvania and University Hospitals.

PATERSON GENERAL, NEW JERSEY

At the meeting of the alumnæ, held on December 4, the question of increasing the interest of members and procuring a better attendance at meetings was discussed, and at four P.M. Dr. Stewart, of Paterson, addressed the alumnæ; subject, "Auto-Suggestion."

NEW YORK CITY

Bellevue Hospital Alumnæ are having a course of lectures by Mrs. J. T. Duryea on "Life and Character Building." The first was given on November 15 to a very large attendance.

RICHMOND, VIRGINIA, NURSES' CLUB*

One of the most attractive, cosey homes in the city is that on the corner of Twelfth and Marshall Streets, where the "Nurses' Club" has its head-quarters. The house is a big, roomy, three-story brick, and is approached through a well-kept front yard.

The Nurses' Club is an adjunct of the Alumnæ Association of Graduate Nurses of the Old Dominion Hospital, and its members are composed of these graduate nurses. The club was founded in 1898 by Miss Cabiniss, superintendent of the Old Dominion Hospital, for the purpose of providing a home for those nurses who should take up their profession in this city. Mrs. Durand was placed in charge, and since then all the domestic affairs of the establishment have been under her care.

When one enters the front hall of the Nurses' Club he is impressed by the air of comfort and refinement that pervades its every arrange-

* Taken from Richmond *Daily*.

ment. To the left is the parlor, a square, sunny room, fitted up with taste. It is a pretty room, and an open piano and a guitar, resting on the many-cushioned "cosey corner," give evidence of its frequent use.

Downstairs, in the roomy basement, two large rooms are used—one for the dining-room, and the other as a sitting-room, or for a sewing-room.

The bedrooms are bright and airy and prettily furnished. Their white iron beds, and crisp white curtains at the windows give them an air of freshness which is most attractive.

The occupants of the "Nurses' Club" now are Misses E. M. Washington, of Washington, D. C.; M. J. Moore, Natural Bridge, Virginia; C. H. Hudson, Eastern Shore, Virginia; E. N. Kellam, Eastern Shore, Virginia; R. C. White, Eastern Shore, Virginia, and Frances Jones, of Lynchburg, Virginia.

The young ladies who now live at the Nurses' Club are, with one or two exceptions, the same ones who were there when it was founded. Though none of them are originally from this city, they have made it their home, and follow their profession here.

The Alumnæ Association of the Old Dominion Hospital, under whose auspices the club was founded, has recently been admitted to the Associate Alumnæ of Trained Nurses of the United States. This association has for its aims the advancement of its members in professional work, the promotion of good-fellowship among nurses, a beneficent fund for sick-nurses, and a club for resident nurses. Its annual meeting is held on the Wednesday following the graduation exercises in June, and afterwards a banquet is given. The former banquets have been given at the Jefferson Hotel and at the Lakeside Inn.

All the members of the association are in sympathy with the Nurses' Club, though many of them, for various reasons, do not live there. Some reside in Richmond, and others work in other cities.

When, however, a member of the association visits Richmond, she generally is made the guest of the Nurses' Club.

The officers of the Alumnæ Association are: President, Miss H. W. Barney; vice-president, Miss E. N. Kellam; secretary and treasurer, Miss R. E. Van Vort; Misses F. P. Ellyson, A. F. Hudson, E. M. Washington, E. N. Kellam, C. W. Krauthier, C. T. Woods, C. H. Johnston, Eloise Johnston, B. R. Wilson, H. W. Barney, L. G. Denzler, C. V. Austin, M. J. Moore, R. C. White, Frances Jones, A. W. McClung, E. H. Webb, M. E. Sweeny, R. E. Van Vort, J. I. Scott, and Mrs. J. Louis Douthat, *nee* Kerns.

CLEVELAND, OHIO

THE fifth monthly meeting of the Graduate Nurses' Association of Cleveland was held at the Lakeside Hospital on November 27, at two P.M. Thirty-five members were present. After the regular business of the society was disposed of, Mr. Starr Cadwalader, superintendent of the Goodrich Social Settlement of Cleveland, was introduced to the meeting. Mr. Cadwalader in a short address sketched the origin and development of the University Extension and Social Settlement work, and in addition told something of what had been accomplished in Cleveland.

In the discussion which followed the members showed a marked interest, several of them expressing the hope that in the near future this organization might be of practical assistance in providing suitable nursing for the poor of the city.

The next meeting, to be held in December, will be of a social nature, with a short talk and general discussion on nurses' settlements. The society is ambitious to form the nucleus of a nurse's settlement in Cleveland, and hopes at that meeting to receive some practical suggestions.

A QUESTION ANSWERED*

A REPLY TO THE QUESTION OFTEN ASKED, "OF WHAT BENEFIT WILL THE ASSOCIATED ALUMNÆ BE TO ME?"

I AM a nurse—self-supporting, self-dependent, and hard-working. The profession of nursing which I have adopted is severely exacting, often closely confining, and frequently carried on under the saddest and most distressing circumstances. If I concentrate my whole being on it and devote my entire self to it,—to the exclusion of all else,—I become a one-sided person, a creature with but one set of ideas. I lose all else of life and am almost a machine—a skilful one, perhaps, a tender one, perhaps. But is this the end for which I was created? May I not labor with love at the work which I chose among the sick and suffering, without having to give up all touch with the world of vitality, of energy, of growth, of struggle towards advancement? Must the whole world go on and I stand still? I can see around me my sisters, who—in churchly orders, in semi-military organization—have so renounced all else that they might devote themselves only to this one work. What does my reason teach me of the result of their lives and

* Read before the Third Annual Convention of the Associated Alumnæ of Trained Nurses, held at New York, May 3, 4, and 5, 1900.

unselfish labors? Why, that in spite of all their heroic virtues, of unselfish tenderness, courage, and faithfulness, they pass away, leaving everything just the same as it was before. Their lives are spent in mitigating suffering, but the supply of suffering is not lessened by their self-sacrificing devotion. They raise no voice of protest against the many needless causes of human suffering. They do but obey. But obedience is not the highest attribute of the human being, neither is self-abnegation, nor self-effacement in ministering service.

I am a woman, and standing singly and alone I am but a feeble human unit. My voice alone is not heard far. My efforts alone do not reach far, for I am not one of those great and gifted ones who rise once or twice in a century and whose lighted candle shines so that the whole world may see it and feel its rays. I am only one of the plain people, of whom Lincoln said, "God must love them, because He made so many." I tread daily a little, restricted circle. I long for a wider and fuller life. I see around me other people moving in larger paths, radiating influence, exerting unimagined strength, and full of enthusiastic purposes. I watch them and see that it is because they are moving in harmony and supplementing one another's efforts that they have more freedom, more power, and more meaning than I. Cannot I do the same?

You are here to-day because you have felt this urging to a fuller life, and because you feel the attraction of this power of union. Yet there are those who, still walled in by the narrow life, ask you, "What good will association be to me?" "What will this association do for me?" What may it *not* do for me? Let us rather ask, "What good is there that I may *not* attain through the combined strength and courage of all my fellows?" The little morsel of protoplasm upon the shore might ask, "What good will association do for me?" The brain-cell or cardiac fibre in the pause of the thrilling, intense, and necessary share of a rich and complicated life knows what association can do.

I cannot tell all that this association can do for me in the future, when I have attained to capacities which I do not now possess, but it will do much for me at present.

First. It will give me self-confidence; help me in adjusting and expressing my ideas; make me a better-balanced and more steadily poised woman than I now am.

Second. It will lessen my egotism, the result of a narrow and self-centred life, and diminish that provincial spirit which makes me see myself in the centre of the universe out of all proportion to everything about me.

Do these two statements seem contradictory? They are not so.

Self-confidence comes as self-conceit goes. Balance and solidity are only reached when a true sense of proportion is gained. When I go about the world with a chip on my shoulder it is because I have not yet outgrown the mental habits of primitive man.

Third. It will enlarge my horizon to meet with my fellows. They will stimulate me with their different ideas and ways, and I may in turn help them in the same way.

Fourth. I shall gain from my association new powers for achievement and new prestige with the public. Such things as I might not be able to do alone I can do as one of a body, animated by the common motive of all its members, and other persons and other organized bodies, who would not look at me a second time if I went before them as an individual, will offer me consideration and regard me with interest as one of a united force of wills and purposes. So strengthened, I can hope to exert an influence such as would be undreamed of by me in my single and unassociated capacity. I may hope through my association to have a place in the affairs of the world; to be welcomed in the councils of other women—and men too; to be considered as a factor in the works of reform, of education, and of progress.

The ministers say every sermon should have a practical application, and it is time for mine to be made.

The work of trained nurses is becoming more responsible and more important every day, but no legal or professional restrictions or conditions are imposed upon us by the public. Hospital managers who wish to open a training-school may do so without supervision, check, or restraint. We are held to the full responsibility. But they, who should be first so held, are not responsible. Shall we go on so, content if we make our own two ends meet, without thinking of the future? To whose hands shall fall the task of regulating the future status of nurses? If we do not seize it, we may find too late that others have done so, whose ideals are not ours, and whose standards hold us in a condition of servitude. It must be *our* responsibility to study the whole question of the nurses' education. *We* must take an interest in the future of nurses yet untrained. Singly we can do much. Together we can do more. This is one of the greatest things the association can do for me, that it can enable me to make definite, clear, systematic connections with all persons, be they individual or in masses, who have anything to do with educational standards in nursing. And then the next question that arises is, "What can *I* do for my association?" This you will all have to answer.

And let me also say to you, timid or indolent and indifferent souls who are not here to-day, that even if you will not take the trouble to

take part in federated life, even while you sit back and say, "The association is no use to me," it is not true. Whether you will or not, you benefit by it, and cannot help but be so benefited. What it strives for and accomplishes affects you; what it gains is a gain to you; what position it reaches for the elevation of nurses is reflected on you. If you doubt this, inquire of college men and women, inquire of labor unions among working men and women, and learn that the advantages gained by an association are shared by those who have *not* joined it, as well as by those who have. The victories gained by labor unions have an influence in keeping up the wages of the man who will not join the union, who does not see "what good it will be to him," and the standard of collegiate education attained by the striving of public-spirited minds working in voluntary association helps to lift the little, narrow private school out of its individual self-complacency.

Let us, then, associate closely and widely. It will be such an education for us as we can never receive in any other way. It will bring such stimulus and interest into our lives as we cannot now imagine. Let us associate together, all over our own country, and presently it will not be wide enough, and we shall want international organization to bring us into friendly and helpful relations with nurses and other workers of other lands. There are some farther ahead than we, and others not so far. These we may in turn help and strengthen, while trying to catch up with those who have gone on. We do not now at all realize what we may thus be to others, or how much they may need us.

Let me suggest in closing that the association will be of more good to us and we to it in proportion as we construct our membership liberally and in a flexible system; similarity of ideas, equality of aspiration towards ideals, would be a better membership basis for us than similarity of examination-papers and diplomas.

In our present formative stage we need not so much to demonstrate a certain present standard as to unite in common effort all those desirous of working towards a higher standard for the future.

[Each number will have, in this department, one of the papers read before the convention of May, 1900; the one on "Hourly Nursing" will no doubt be of special interest to "Graduate Nurse," who asks in the Christmas number for suggestions as to methods of starting such work in New York City.—Ed.]

FOREIGN NEWS

IN CHARGE OF

LAVINIA L. DOCK

ORGANIZATION NOTES AND CURRENT EVENTS

We welcome the news of a newly founded club of nurses in Dublin. Our special correspondent wrote us of it, also Miss Huxley, matron of St. Patrick Dun's Hospital, in Dublin, who promises us some later items regarding it.

The editor is in receipt of a cordial letter from the secretary of the new association in Holland which we have mentioned before. It will exchange journals with us, and we believe that in its members we have found friends. We hope to see some of them at the Buffalo Congress.

Extremely interesting and important are the newest developments in organization in England, as noted below by our English correspondent.

LETTERS

FROM OUR ENGLISH CORRESPONDENT

Dear Editor: Since my last letter I have received the two numbers of The American Journal of Nursing, and must tell you how much pleasure their perusal has given me. Most of all, I am glad to find that, like our own *Nursing Record*, it rings true on the subject of State registration, and, as I have learned to believe that American nurses, when they desire a thing, generally manage to obtain it, I shall watch with the greatest interest your progress towards the attainment of this measure, of vital interest to nurses the world over, for it means no less than their professional enfranchisement.

STATE REGISTRATION.

The friends of State registration here were delighted that Miss Louisa Stevenson, a member of the Board of Management of the Edinburgh Royal Infirmary and a vice-president of our National Council of Women, endorsed it in an able paper on "The Work of Women on Hospital Boards," which she read at the recent conference of the National Council of Women at Brighton.

Miss Stevenson does not express her adhesion to any scheme until she has given it her careful consideration, and, as her judgment is much respected, her publicly expressed conviction on this subject is very encouraging. She said: "Nurses, however well trained, however efficient physically, mentally, and morally, will never obtain either the position or the pay to which the best are entitled until the public has the means of differentiating between the good and the bad, between those claiming high pay and those claiming lower, by

some other means than pleasant or painful experience, as the case may be, in time of sickness or distress.

"After much consideration, I have come to the conclusion that the remedy for the present unsatisfactory state of things will be found in a comprehensive system of State registration for nurses. This in the interests of the State, the general public, hospitals and private patients, and of the nurses themselves.

"To formulate such a system will require the help of the very best of those women who have knowledge and experience in nursing matters. It must, as I said, be comprehensive, and must not be grown in a mould, but be planted like a tree and allowed to develop in the sunshine of good mental and moral influences.

"Examination for admission to such register should be 'pass,' not competitive, and should be intrusted to some extent to nurses of position and experience.

"Pending registration, every hospital certificate should set forth the duration of each branch of the training given, so that employers may be able to judge if a nurse has had the experience qualifying her to take the care of any special case."

A second question discussed at the Brighton Conference of importance to the nurses of all nations was brought forward in the following resolution by the Countess of Aberdeen:

REPRESENTATION ON THE INTERNATIONAL COUNCIL OF WOMEN.

"That it is desirable that National Councils be accorded a larger representation upon the International Council at its business meetings, and that an expression of the opinion of this council upon the subject be sent to the president of the International Council, in order that it may be placed upon the agenda of the Quinquennial Council meeting in 1904."

Mrs. Bedford Fenwick supported the resolution and considered it eminently desirable that there should be much greater facilities for the expert representation of the various classes of women workers in the International Council. It was not possible that only three delegates could efficiently voice the needs and aspirations of great bodies of professional and industrial workers, and speaking as a trained nurse she must confess that deeply as she respected the three British delegates who took part in the last Quinquennial, she could not feel they were qualified to deal with nursing questions had these arisen.

There is no doubt of the need of increased representation of National Councils in the International. The United States, for instance, at the Berlin meeting in 1904, will be entitled to three delegates only. All the various branches of work in which women are engaged,—political, philanthropic, professional, and industrial,—cannot thus be adequately represented, as they should be.

THE NATIONAL COUNCIL OF NURSES.

The Matrons' Council has given much time and thought during the past six months to the best plan of organization for the National Council of Nurses. The Executive Committee, after careful study, sent in a report to the council which may be summed up as follows:

"It being felt to be important that the matrons (representing the superintendents of this country) should be adequately yet not unduly represented,

it was proposed that an Association of Societies of Certificated Nurses be first formed under some suitable inclusive title, and that this society, when formed, should affiliate with the matrons to form a National Council of Nurses, in which these self-governing societies would be represented by delegates." This report was favorably considered by the matrons at their November meeting, and steps were taken to carry out its provisions.

A constitution for "The National League of Certificated Nurses of Great Britain and Ireland" is, consequently, now under revision, its objects being set forth as follows: "To establish and maintain a code of ethics; to elevate the standard of nursing education; to promote the usefulness and honour, the financial and other interests of the nursing profession."

The qualifications for membership are as follows:

"Associations of nurses having the following qualifications will be eligible for affiliation with the National League:

"1. Associations composed of graduates of schools of nursing connected with general hospitals of not less than fifty beds, giving three years' full training in the wards of the hospital, and certification after examination.

"2. Associations, composed of graduates of schools of nursing connected with Poor Law infirmaries of not less than two hundred beds, giving three years' full training in the wards of the infirmary, and certification after examination, and whose training-schools are recognized by the Local Government Board.

"3. Professional associations of nurses formed for the benefit of nurses, the members of which hold the qualifications of training as defined above."

The growth of the National League will probably be slow, but its promoters will be satisfied if it unites those nurses who value professional freedom and who realize that with organization comes responsibility.

THE HOSPITAL COMMISSION.

Much interest has been taken in the Royal Commission on South African Military Hospitals and in the evidence of Mrs. Richard Chamberlain, who, after working at the Cape for ten months, brought a very serious indictment against the Army Medical Department.

Her chief points were its general state of disorganization, want of method in classifying patients, lack of appliances and of adequate nursing arrangements, wasteful housekeeping owing to lack of supervision, defective sanitary arrangements, culpable carelessness in the treatment of lunatics, and the fact that army doctors removed from hospitals for drunkenness were sent home in charge of invalids on transports.

Mrs. Chamberlain's chief complaint was against the present system of military hospitals, from which these evils in her opinion arose. Being in no way bound to secrecy by the bonds of official etiquette, she was able to speak quite frankly. Her evidence, which was wonderfully lucid, is a curious contrast to the silence maintained by the Army Nursing Service Reserve, and to the approval of present conditions expressed by members of the R. A. Medical Corps.

Distressing as are all these exposures, one may hope that the complete reorganization of the Army Medical Department and of the Nursing Service and Reserve will be the result. The new Secretary of State for War, the Rt.

Hon. St. John Boderick, has the chance of a lifetime in his present opportunity to provide for the empire's soldiers the best medical treatment and nursing care, which a grateful nation is eager to supply.

Yours cordially,

UNION JACK.

[The story of the recent action of St. Thomas's Hospital, London, in revising and raising its requirements is held over until the next number.—ED.]

FROM OUR CORRESPONDENT IN ITALY

OSPEDALE CLINICO, NAPLES, ITALY.

. . . Have I told you how I started my school with three nurses, one of whom soon left, and the other two were so well satisfied with themselves that they sailed through their ward work superciliously, and listened to my theoretical lessons with a scarcely veiled smile of pity at the idea of my taking so seriously what appeared to them to be elementary knowledge?

I had not at that time an official position, which made my humiliations all the harder to bear. The revolution took place during my summer holiday, . . . and a new set of doctors was elected, who knew me and upheld my authority. I was now officially accepted as head nurse of—nobody exactly knew what; my position grew of itself, and I have crept up by slow degrees, gaining or losing ground according as I have won or lost the innumerable little battles which I fight every day. . . . My subordinates are the cross of my life, although we are excellent friends, because they do not and never will understand so much as the elements of discipline. . . .

When I returned to Naples in September I found that the Princess S——, the president of the Committee for the Promotion of a Training-School for Nurses, had been busy all the summer publishing articles and getting up subscriptions; the result was that there were fourteen new pupils waiting for me besides the three who had begun in June. Of all these, ten have just passed their junior exams. Lest I be accused of deliberately departing in my system from the time-honored methods of Alma Mater, let me protest that to make any way at all I must insert the thin edge of the wedge and not the thick one. Any other course would most assuredly end in my offending irrevocably the customs and prejudices of the country.

After much discussion among themselves, my suggestions being waived aside, the staff made out a programme of theoretical work. It was decided that there should be an hour's lecture given daily to the nurses by the physicians, the first-year subjects being anatomy, physiology, hygiene, surgical and medical pathology; the second-year subjects, gynæcology and obstetrics, diseases of children, first aid to the injured, diseases of the eye and ear, and dietetics.

On discussing the position of my pupils (Blue Cross nurses) in the hospital, I could not obtain the dismissal of a single one of the existing "servant-nurses." The result is that my pupils' ward work has never been anything but voluntary, for if they do not do up the patients, there is always some one else to do it for them. . . .

My pupils come on duty at eight A.M., coming in from their homes, where-

ever they are. They do ward work and make rounds with the physicians and surgeons until eleven, when the lecture is due. When this is over I go over the lecture notes of the day before with them, explaining the difficult passages. We then return to the wards, and between two and three P.M. the pupils leave the wards and return to their homes. . . .

(To be continued.)

[Miss Baxter, whose account of pioneer work in training pupils of the educated class in hospital work in Italy we hope to give in successive numbers, is a Johns Hopkins graduate, an Englishwoman whose life has been mainly spent in Italy.—ED.]

A FEW WORDS FROM JAPAN

VISITORS at the New York Hospital a year or two ago could not but be attracted by the charming little Japanese lady, Miss Shidzu Namse, who was studying nursing there. Even her colleagues were astonished at the firmness and breadth of character displayed by this delicate little Oriental as head nurse of a ward. She is now in hospital work at home, and promises us some account of her work. At present Miss Sutliffe kindly sends us the following extracts from a letter:

"KOBE, JAPAN.

" . . . 'Byoru' means hospital and 'Daigaku' university. This hospital was built since I left home for America. It is going to be the largest in Japan, although there are only two wards furnished just now, each for forty patients, the large ward having four single rooms for serious cases. There are thirty-six nurses now on eight hours' duty, two night nurses in each ward. We have very nice operating-rooms for big operations and one for minor cases and outside patients. In each operating-room there are three nurses. They are kept very busy. I go around to see the nurses work, look after the cleanliness of the wards, and teach classes bandaging three times a week and general nursing three hours a week. . . .

"SHIDZU."

EDITOR'S MISCELLANY

DR. McGEE'S RESIGNATION

WAR DEPARTMENT, SURGEON GENERAL'S OFFICE,
WASHINGTON, November 20, 1900.

To the Surgeon General, U. S. Army, Washington, D. C.

SIR: The experimental and organizing stages of the Army Nurse Corps being now passed, I have the honor to tender my resignation as in charge of that body, and to ask that my work be carried on by another.

I also tender my resignation as Acting Assistant Surgeon, U. S. Army.

I cannot take leave of your office, with which I have been connected for over two and a half years, without expressing in some small degree my pleasure in having been so closely associated with your administration and in having been able to render some little assistance in your very arduous and responsible duties. I wish also to thank you, and through you the officers and clerks in this office, for many courtesies received, the memory of which will remain always with me.

Very respectfully,
ANITA NEWCOMB MCGEE, M.D.,
Acting Assistant Surgeon, U. S. Army, in charge Army Nurse Corps.

WAR DEPARTMENT, SURGEON GENERAL'S OFFICE,
WASHINGTON, November 21, 1900.

Dr. Anita Newcomb McGee, Acting Assistant Surgeon, U. S. Army, in charge Army Nurse Corps, Surgeon General's Office, Washington, D. C.

MADAM: I have the honor to acknowledge the receipt of your letter dated November 20, 1900, in which you tender your resignation as an Acting Assistant Surgeon, U. S. Army, in charge of the Army Nurse Corps.

In accepting your resignation I desire to express to you my high appreciation of the valuable services you have rendered during the past two years and a half in selecting trained female nurses for duty at our field and general hospitals wherever their assistance has been necessary, and in organizing the "Army Nurse Corps" upon a satisfactory basis. You have shown excellent judgment and executive ability, and have labored zealously both in the interests of the nurses and of the Government. Your contract will be annulled December 31, 1900.

Very respectfully,
(Signed) GEO. M. STERNBERG,
Surgeon General, U. S. Army.

A NEW BOOK ON MASSAGE

A FORTHCOMING manual on massage is designed for use in hospital training-schools, and also as a preparatory text-book for the more advanced instruction required in the study of mechano-therapy as a specialty.

The writer, Miss Helen C. Bartlett, is a nurse of experience, a graduate of the Johns Hopkins Hospital Training-School for Nurses and of the Orthopædic Hospital School of Massage. She has also pursued post-graduate courses of study in the Swedish system of mechano-therapy and special courses in anatomy and physiology, and is a practitioner in mechano-therapy of several years' standing and instructor in massage in the Johns Hopkins Hospital Training-School for Nurses.

The more distinctive feature of the book will be its eminently practical point of view. From a theoretical stand-point it will be introductory, but in no respect will essential data be omitted, condensation being gained by a very careful and comprehensive classification.

In descriptions of manipulation, practical suggestions, etc., greater detail will be employed, since, while it is forcibly urged that no delineation of manual processes, however complete, can obviate the necessity of demonstration, it is contended that to constitute a trustworthy working basis, and to maintain a standard of technic for subsequent reference, such descriptions, while concise, should be strictly unabridged.

What other writers, therefore, have accomplished in the province of gymnastics will be, for the first time, achieved in relation to massage. The system of massage which is used is that of the Orthopædic School in Philadelphia, doubtless more widely known as the American School, or as that system of massage endorsed by Dr. S. Weir Mitchell. But, inasmuch as the fundamental groundwork of this science, in practice as well as in theory, is in all systems the same, to students of any system this manual will undoubtedly prove valuable.

Further practical aid to students will be furnished in the illustrations, which will be liberally used to accompany descriptions of manipulation.

In conclusion, it is the author's intention to add a carefully compiled selection of Swedish medical gymnastics, introducing some new methods of application.

M. A. Nutting.

Dear Editor: Will you kindly help out an inquirer? Suppose a nurse has to leave a contagious case before the general disinfection has taken place, how can she thoroughly disinfect herself and her belongings in her boarding-house room where fumigation is impossible?

I want to thank you for that exceedingly helpful diet-list published this month. Some definite rules for disinfection would be equally gratefully received by your readers, I am sure.

X. Y. Z.

CHANGES IN THE ARMY NURSE CORPS

CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING DECEMBER 12, 1900

ABEL, ROSE E., transferred from Post Hospital, Fort Myer, Virginia, to United States Army General Hospital, San Francisco, December 8.

Annan, Lucy S., transferred from the First Reserve Hospital, Manila, to the Convalescent Hospital, Corregidor Island, Philippine Islands. Reported October 5.

Armstrong, Grace, left First Reserve Hospital, Manila, October 17, for duty at Iloilo, Philippine Islands.

Barnes, Susan Hilda, left Second Division Base Hospital, Dagupan, October 13, for duty at Iloilo, Philippine Islands.

Bartholomew, Annie Morse, recently appointed for duty in the Philippines, assigned to duty at the Santa Mesa Hospital, Manila, October 4.

Brady, Genevieve M., nurse, United States Army General Hospital, San Francisco, contract annulled November 3.

Brock, Sarah A., nurse, First Reserve Hospital, Manila, contract annulled on account of ill-health.

Bunting, Laura B., recently appointed for duty in the Philippines, assigned to the Second Reserve Hospital, Manila, October 4.

Campin, Mary L., transferred from the First Reserve Hospital to the Second Reserve Hospital, Manila, October 11.

Deasy, Mary, transferred from duty at the First Reserve Hospital, Manila, to Lucena, Luzon, Philippine Islands, October 19.

Doyle, Marcella, left First Reserve Hospital, Manila, October 15, en route to her home for annulment of contract.

Duckworth, Lottie B., sailed from San Francisco, November 16, on transport Sheridan en route to Philippine Islands.

Edmunds, Jennie S., nurse, reported at the United States Army General Hospital, San Francisco, from transport duty, November 17, and sailed on Meade, December 1, on return voyage to the Philippines.

Gemmill, Sarah M., nurse, Fort Myer, Virginia, contract annulled November 29.

Gillette, Alice M., nurse, transferred from Cabana Barracks, Havana, to Hamilton Barracks, Matanzas, Cuba, and promoted to be chief nurse at the latter place, November 16.

Hall, Mary B., transferred from the Second Reserve Hospital, Manila, to the Santa Mesa Hospital, October 1.

Harrison, Mary A., recently appointed for duty in the Philippines, and assigned to the Santa Mesa Hospital, Manila, October 4.

Holmes, May Rose, chief nurse, Hamilton Barracks, Cuba, transferred to Cabana Barracks as nurse.

Kelly, Lucy S., transferred from United States Army General Hospital, San Francisco, to duty in the Philippines. Sailed on Meade December 1.

Kinney, Mrs. Dita H., chief nurse, Fort Bayard, New Mexico, contract annulled November 17.

Klein, Amelia P., transferred from the First Reserve Hospital, Manila, to the Convalescent Hospital, Corregidor Island, Philippine Islands, October 5.

Lindley, Laura L., transferred from the First Reserve Hospital, Manila, to Dagupan, Philippine Islands, October 23.

McKinley, Eliza, left Santa Mesa, Manila, October 14, to return home for annulment of contract.

Macrae, Mary E., left First Reserve Hospital, Manila, October 23 for duty at Calamba, Philippine Islands.

Mahlum, Helene, sailed December 1 on transport Meade en route to Honolulu, where she will be on leave without pay for thirty days, after the expiration of which she will proceed to Manila for duty.

Mann, Mrs. Emilyn P., transferred from the Military Hospital at Aparri on Luzon to the Second Reserve Hospital, Manila, October 17.

Moore, Marie E., reported at the United States Army General Hospital, San Francisco, from transport duty en route from Manila, and is under orders to return to the Philippines December 15.

Morrison, Henrietta C., nurse on transport duty from the Philippines, reported at the United States Army General Hospital, San Francisco, December 1, and is under orders to return to the Philippine Islands.

Murrin, Maude G., transferred from the First Reserve Hospital, Manila, to Dagupan, Philippine Islands, October 23.

Rice, Margaret Van Schaick, recently appointed for duty in the Philippine Islands, assigned to Santa Mesa Hospital, Manila.

Rist, Ella, left United States Army General Hospital, San Francisco, November 16 and sailed on transport Sheridan en route to Philippine Islands for duty.

Salter, Marguerete, nurse, United States Army General Hospital,

San Francisco, transferred to Fort Bayard, New Mexico, as chief nurse. Reported November 12.

Tait, Elizabeth E., transferred from Second Reserve Hospital, Manila, to Iloilo, Philippine Islands.

Talcott, Mary B., transferred from Second Reserve Hospital, Manila, to Santa Mesa October 1.

Trenholm, Eva, transferred from First Reserve Hospital, Manila, to Second Reserve Hospital November 1.

Weinberg, Else, transferred from Lucena, Philippine Islands, to the United States Army General Hospital, San Francisco, California. Reported for duty December 1.

Wever, Mary E. (Mrs.), nurse, United States Army General Hospital, San Francisco, contract annulled November 15.

Yeamans, Laura Ettie, transferred from the Second Reserve Hospital to the Santa Mesa Hospital, Manila, October 2.

HOSPITAL GUILD

An organization of the Nurses of the Pennsylvania Hospital was started last spring with the title, "The Guild of St. Bartholomew." The object was twofold,—religious and social. The guild adopted a rule of life, based on St. Matthew xxii. 37: "Thou shalt love the Lord thy God with all thy heart, and with all thy soul, and with all thy mind."

Under its auspices prayers are held every morning at seven o'clock for day nurses and at eight-thirty for night nurses. A regular monthly meeting is held for the transaction of business and for the reading and discussion of some article or book religious in its nature. Every three months the members are invited to a social meeting, each class in turn providing the entertainment for the occasion. These evenings are always enjoyable, and often novel in the nature of the entertainment.

On leaving the training-school the nurses continue their membership, and if unable to be present at the meeting send written greetings.

The Guild has been most helpful to many of its members, and every month sees an increase in the spirit of active interest evinced by them. There is a large membership.

THE EDITOR

THE first year of the new century promises to mark an era in the history of the nursing profession.

We look back to the Nursing Congress held in Chicago in 1893 as having given the impetus from which our organizations have developed. The "Superintendents' Society" was the direct outcome of that meeting, then followed the local alumnæ associations, and finally the national "Associated Alumnæ of Trained Nurses," while the suggestion which has resulted in the establishment of the course in "Hospital Economics" was also made at that time.

Previous to that time each training-school had worked independently of every other and each individual nurse had, as it were, stood alone, her attitude towards graduates of other schools being one of antagonism rather than friendliness. To-day our leading schools are conducted on practically a uniform standard, the nurses throughout the country have for each other strong professional sympathy, and our societies are sufficiently well organized for us to become a part of that great army of women who are striving for ethical progress.

IT has seemed fitting to wait until the beginning of the year to make mention of the many promises of growth offered by the movements that we, as a profession, are making towards still higher organization and greater unity.

The cordial and hopeful feelings with which we have regarded all these movements have been restrained until now, when the unfolding of our plans has reached the first stage of definite accomplishment. The affiliation of our two national societies, now agreed on and only needing a final step of technicality to complete it, means that we have definitely and openly allied ourselves in our own country with the "National Council of Women" (a body so well described, we think, by the auxiliary title of the National Council in England,—viz., "The National Union of Women Workers"), gaining at one stroke an enormously larger platform on which to present our questions, with equally larger audiences before whom to make our needs and wishes known. In return, we must stand ready to give freely of our special

gifts, of work, and of service, and to do our part in whatever may be useful for the general welfare.

In assisting in the formation and building up of an "International Council of Nurses" we have an important place to fill. As American women, we have only to consider the harmony and co-operation of our own members in order to take what action we please, while in other countries there are political and social conditions which preclude nurses from independent organized effort. Our greater personal freedom in a way imposes upon us broader responsibilities in an affiliation of this kind. We shall be brought into world-wide communication with our fellow-nurses, and from letters received already from abroad we realize that nurses in other countries are watching our movements, not only with interest, but with the hope of being able to follow in our footsteps.

The meeting of the "International Council of Nurses," which will be a part of the Nursing Congress to be held in Buffalo in September, will give us the opportunity of welcoming and entertaining nurses from many lands. It will be an event of rare pleasure, and an occasion for the extension of our most cordial hospitality.

This second congress will be a deeply interesting occasion for judging it by the first one held in Chicago. It will prove an impetus for rapid development in the future of the various lines of work which have been commenced during these less than eight years of organized effort. Such a congress means an immense amount of hard labor for many people. The "Buffalo Nurses' Club" is taking the initiative, and the "Superintendents' Society," the "Associated Alumnæ," and the American members of the "International Council of Nurses" are co-operating with them to make the occasion one of interest and success.

The movement towards State organization in New York is of the most vital importance to the profession at large. This is an effort to establish a recognized status of education for the trained nurse of the future. The nurses of New York State, who are taking the initiatory steps for this end, will be an example, not only to other States, but to nurses in other countries, and their work should be done slowly and carefully, with the greatest forethought and self-control. It is a subject that concerns every trained nurse resident in the State, man or woman, who holds a diploma from a reputable training-school in any part of the world. The committee which is making the preliminary plans for a general meeting has been canvassing the State, and will undoubtedly issue a general call for a meeting to be held in Albany during the

winter, so that the result of its first effort will be known when the Congress of Nurses takes place in Buffalo.

Dr. McGee's letter to the Surgeon-General, resigning her position as acting assistant surgeon, U. S. A., in charge of the Army Nurse Corps, is given in the "Miscellany," with the Surgeon-General's reply.

The spirit of American patriotism which carried Dr. McGee into the work, and prompted her to give four months of hard, gratuitous service to the government at a time of great national calamity, will make her name live in history.

The appointment of Mrs. Dita H. Kinney to succeed Dr. McGee in charge of the Army Nurse Corps was confirmed by the Secretary of War on November 30. Mrs. Kinney is a graduate of the Massachusetts General Hospital Training-School, of 1892. She is a woman of ability and experience in both civil and military hospitals, and the selection seems most judicious.

The position of acting assistant surgeon, created for Dr. McGee, will be abolished, and just what honors will go with the position in the future remains to be seen.

What seems to us by far the most progressive recognition yet accorded trained nurses is contained in Miss Honnor Morten's very interesting account of the work of the nurse in the London schools. Political and official appreciation of such service stands back of the movement, giving a double significance to the work. We congratulate Miss Morten on what she has accomplished for the London child and the profession.

We hope the little paper entitled "The Small Hospital and the Training-School" will call out some practical suggestions from our readers. It is a subject that has been much discussed, but no really satisfactory solution of the problem has yet been reached.

The letter signed "X. Y. Z.," asking how a nurse can disinfect herself and her belongings in a boarding-house room, should bring out much valuable information from nurses in private practice who can speak from actual experience.

We hope to arrange for papers on disinfection from the institutional, municipal, and domestic stand-point, to appear later in the year, but the answer to this letter can only come from the women who are frequently called upon to meet a similar situation.



AMERICAN HOSPITAL SHIP MAINE

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ORIGINAL COMMUNICATIONS

WITH THE MAINE TO SOUTH AFRICA*

BY M. EUGÉNIE HIBBARD
Late Superintending Sister American Hospital Ship Maine

(Continued from October, 1900)

DURBAN, NATAL, SOUTH AFRICA, *February 5, 1900.*—To-day we received our first orders to be ready for patients, and, as previously stated, the hospital being in a suitable condition, a description of the nursing staff and accommodations will be interesting.

To bring clearly to mind the American character of the undertaking, it is necessary to make but three statements: First, the steamship Maine, of the Atlantic Transport Line, is the sister ship of the hospital ship Missouri. As the latter was placed at the disposal of the United States Government for the use of the sick and wounded during the Spanish-American War, the former was tendered by Mr. Bernard Baker, of Baltimore, Maryland (president of the line), to the British Government for similar service during the South African War in a spirit of "splendid generosity." Included in the loan of the ship was the gift of the amount necessary for the maintenance of the crew, which represented altogether from fifteen thousand dollars to twenty thousand dollars a month, and this was done "in the cause of humanity and international sympathy."

Secondly, the idea of equipping this ship as a hospital originated with Mrs. A. A. Blow, the wife of the manager of one of the richest syndicates in South Africa, secretary of the Great Shiba Mine, also an

* Copyright by M. Eugénie Hibbard, 1900.

American, who, with the assistance and advice of Lady Randolph Churchill, formed a committee known as "The Executive Committee of the American Hospital Ship Fund," which, with this general committee, included most of the influential American women in England. Thus organized, the sum necessary, thirty thousand pounds (one hundred and fifty thousand dollars), to carry the idea into effect was quickly subscribed, and the steamship Maine, formerly a freight ship, was speedily transformed into the semblance of a hospital.

Thirdly, to intensify the character of the work, after receiving permission from the War-Office authorities in London, it was decided to compose the medical and nursing staff of American graduates, and the assistance of Mrs. Whitelaw Reid, of New York, was requested and granted. The service rendered by Mrs. Whitelaw Reid during the Spanish-American War was of inestimable value, and in securing her sympathy and co-operation the committee were to be congratulated.

To Mrs. Reid was delegated the work of selecting the medical and nursing staff and the number of orderlies required. This task, which was difficult in itself, was made more so by the fact that time was limited. Many days were devoted entirely to this work. Miss M. E. Wadley, graduate of Bellevue Hospital, was a most interested assistant. The nursing staff of the Maine is finally composed of one superintending sister, four nursing sisters, viz.: Miss V. Ludekins, graduate of Philadelphia Hospital, Philadelphia; Miss J. Manly, graduate of Presbyterian Hospital, Philadelphia; Miss M. J. MacPherson, graduate of Rhode Island Hospital, Providence, Rhode Island; and Miss Sara MacVeau, graduate of Bellevue Hospital, New York City, and eleven men, graduates of the Mills Training-School, connected with Bellevue Hospital, New York City. The names of these nurses are: Messrs. R. W. Ellsworth, A. H. Chapman, A. Gillies, J. F. McClintock, C. A. Austin, J. J. Reilly, V. C. Bates, W. B. Ruth, L. M. Howard, C. N. Nash, and W. C. Kuder, most of whom have seen hospital-ship service during the Spanish-American War, having served on the Topeka and Solace.

The nursing department is thus fully equipped by competent nurses, who are assisted by a number of orderlies, who are mostly Americans.

The work of transforming the ship into a suitable haven for sick and wounded soldiers is finally completed.

Needless to say, an immense amount of work has been done. Practically two new decks were built in London,—a 'tween deck for some of the wards and operating-room, and a promenade deck. The main and 'tween decks give accommodation for patients. This constitutes the hospital proper, and consists of five wards, named "Whitelaw Reid," containing thirty-nine beds; "Britannia," sixty-one; "Bernard Baker"

(officers' ward), seventeen; "Columbia," intended for convalescent patients, fifty-eight; and the "Committee" ward, for contagious diseases, contains four cots, making a total of one hundred and seventy-five. The changes made here have reduced somewhat the number of beds, but the probable length of time the patients would have to spend on board was taken into consideration, and it was found advisable to increase the facilities and space.

The wards are all painted a light green and are bright and cheerful. The equipment in the wards is all that can be desired in detail. The cots of white enamelled iron run in rows lengthwise of the ship, and are provided with sliding bed-trays, head-rests, and pulleys extending from the ceiling, by means of which a patient can easily change his position. The cots have movable sides, which need only be used in case of rough sea. Each ward is complete with needful accessories, medicine- and linen-chests and pantry equipment. A lift or elevator connects each ward with the promenade deck, greatly facilitating the reception of patients and making it feasible for bed patients to be brought on deck, the cots being so constructed as to make a comfortable stretcher. Air-chutes, electric lights, electric kettles, grills, and fans are in each ward. The latter we will find useful when the heat is intense.

A toilet- and bath-room is connected with each ward, but the accommodation in this respect leaves much to be desired. A number of movable bath-tubs have been supplied in case it should be found advisable to carry out the Brandt bath treatment in fever cases.

An extract from one of the London papers will give an idea of the impression made by the operating-room on English people:

"The Maine has an operating-chamber which for size and completeness of equipment is the most remarkable yet designed for South-African service, and the Röntgen-ray apparatus which has been supplied to the vessel is the finest we have so far seen. The space given up to the operating-room is large enough to admit of one of the latest patterned tables, with glass top, so necessary to complete antiseptic treatment. . . . The chamber is in convenient touch with the wards."

The various storerooms upon which we are dependent for our supplies are completely stocked and are divided into three departments—the medical comfort stores, personal equipment, and linen room. With the exception of the linen store the supplies are nearly all contributions, and include not only necessaries, but many luxuries for the sick and wounded.

The dispensary has been furnished by a firm in London with medicines for a year, and is in charge of Messrs. Spotts and Haig, two pharmacists of New York.

The medical department has five American surgeons. Surgeon Lieutenant-Colonel Heusman, in command, represents the English Government; Major Julian Cabell, of Washington, D. C., second in command, is in charge of the medical work, with Drs. Eugene Dodge, of Arkansas; H. H. Rodman, New York; C. H. Weber, Philadelphia, and R. H. Hastings, of New Jersey, in charge of wards.

DURBAN, AT DOCK, *February 5, 1900.*—About three-forty-five this afternoon the train containing our patients arrived. The carriages or cars were all marked with the Geneva cross, and from the number of heads that appeared at the windows we concluded that a large number were on board. Disembarking was immediately begun, and as this was our first consignment, all patients were detailed to Britannia Ward. Some were able to walk down the broad, easy companion-way, others were assisted by orderlies and attendants, while the majority were obliged to come down on the elevator. By working above and below steadily and uniformly, sixty-one patients were received and assigned to their cots, and at five P.M. supper was served to all. The meal consisted of mutton broth, stewed chicken, bread and butter, pine-apple, and tea.

The evening was occupied by the surgeons attending to the dressings of wounds, etc., and by the nurses in giving baths. This consignment of sixty-one men is considered large for a hospital ship to receive at one time. The Britannia Ward is in charge of two head nurses, with two assistant nurses, two orderlies, two stewards, and one night nurse assigned to duty. The nurses' hours are from seven A.M. to seven P.M.

February 6, 1900.—This morning we found that the majority of the patients were able to be up, and many were allowed to go on deck. Books, magazines, games, and writing-paper were generally distributed by Miss Eleanor Warrender, acting secretary for the hospital ship Maine. Many letters were written, describing, no doubt, the terrible work of the past two weeks, and the "sisters" were often called upon to write for the disabled soldiers.

An extract from a letter written on the Maine whilst lying in Durban Harbor will give a soldier's view of the fighting which took place at Colenso:

> "I dare say you have heard of me getting wounded on Sunday, the 21st, but I am about all right, and I am hoping to be in the fighting line again by February 20. I was just getting warm on Sunday morning when they hit me. It was about eleven o'clock. The bullet wasn't intended for me, but I got it, as it struck a stone and went in lengthways. I did not take much notice of it after it was bandaged, so I went on firing, but I wasn't firing long before bang! crash! then a whiz! and I got another bullet right over the top of the bandages; so that laid me out altogether. . . . We had been skirmishing and fighting for two or three days, but our worst day was Saturday. We were awake at three

STREET SCENE IN NIDDAN



A.M., a rifle for our pillow and the sky for our blankets, for we expected an attack. As daybreak showed itself we found the enemy about five miles off. So we advanced, and by eight o'clock we were within two thousand yards, and our artillery was shelling them. But they were in a splendid position. All the infantry in the world could not have fetched them out. Anyhow, we got the order to advance, and as soon as we did they began to drop us bullets, and shells came from all directions. Just fancy twenty thousand or twenty-five thousand of the enemy, all in trenches, and us advancing over flat ground. . . . About dinner-time we were falling in dozens, but nobody cared, everybody acting like mad men. We had not a word to say, but kept rushing on till many were pulled up by a bullet. . . . Our company attacked a kopje and we got in the Boer trenches, which cost us seven men, one killed, six wounded. There were about twenty or thirty Boers there. . . . Only about four Boers escaped out of twenty-five."

In the afternoon visitors with fruit, flowers, cigars, and other luxuries came on board.

February 7, 1900.—Information was received that probably one hundred patients would be assigned to our ship this afternoon. All was in readiness when the train arrived from Maritzburg about the same time as on the day of the first consignment, and seventy-nine men were handed over to our care, making a total of one hundred and forty cases now on board. The tired look and lagging step of the soldier showed the severe strain he had been under physically. The men were of the Dublin Fusileers, Hussars, West Yorks, and Lancers. The wounded were mostly from Spion Kop and Colenso. News from the front is most depressing, and the stories told by the patients of the impregnable positions occupied by the Boers makes one fear that much blood will be shed before Ladysmith is relieved. Our patients all express themselves satisfied with their care and surroundings.

February 12, 1900.—A very warm day. No more patients expected. We went over to the hospital ship Nubia, formerly a P. and O. steamer. We were cordially received and entertained by Colonel Hodder, commanding officer (son of the late Dr. Hodder, of Toronto, Canada), and Captain Hennerly. Sister Binnie, the superintending sister, took us over the ship, which seemed large compared to the Maine, but was not as complete an hospital ship. We returned to the Maine in the launch of the Golden Eagle, a yacht, the owner of which has offered six beds for the use of sick or wounded officers.

This evening Lady Randolph Churchill received a message that her son Jack had been shot in the left leg below the knee during a reconnoissance, and that he would be immediately sent down to the Maine for care and nursing.

February 13, 1900.—This afternoon brought us ten wounded officers. This ward is in charge of two "sisters" with two orderlies and one

night nurse. The "Whitelaw Reid" has now its full complement and is in charge of two "sisters" with one male nurse, two orderlies, one steward, and one night nurse. The "Columbia Ward" is also filled and is in charge of one head nurse, with two assistant nurses, two orderlies, and one steward.

February 14, 1900.—Sir William McCormac visited our hospital this morning. I had a few minutes' conversation with him, in which he told me he was on his way to join Lord Roberts, now at Modder River.

February 16, 1900.—Our first death occurred, result of typhoid and complications, revealed at the autopsy. Ensign at half-mast. . . . Captain Stone explored a small island in the inner anchorage to-day which is inhabited by coolies, who subsist by fishing. He was much interested in his voyage of discovery, and in seeing the coolie live and dress as in his native country.

February 18, 1900 (Sunday).—The morning broke bright, clear, and comparatively cool. After making morning rounds and finding wards and patients in good order and comfortable, I decided to spend a part of the day ashore. Since arriving in Durban my time had been fully occupied, and a chance to see something of the interesting town and suburbs was most alluring. We left the ship on the ten A.M. launch, and landing at the dock hailed a "'ricksha," similar to the Japanese "jinricksha," the usual means of conveyance here, especially for strangers, who enjoy the novelty of this means of transportation. The man who approached us with the little carriage was a Kaffir of Zulu descent. Most of them are muscular looking fellows and dress most fantastically. They wear on their heads either a pair of ox-horns, fastened to a leather strap which encircles their head, the horns decorated with flowing ribbons or small bells, or a huge affair that looks like a feather duster looms aloft. For clothing they usually wear a loose tunic, confined at the waist with a broad band of bright material worked in various colors. The short trousers to the knee and a pair of anklets are all that adorn their legs, which look like polished mahogany. Wearing no shoes, they move in a noiseless manner.

Once off, we lean back in our carriage and watch the motions of our "man of burden." The streets in Durban are very clean and the principal thoroughfare, West Street, is very wide and contains some fine buildings. On reaching the Town Hall we dismissed our "'ricksha," as the drive we contemplated taking was too far and too trying for anything but horses. We soon secured a comfortable-looking carriage and arranged to drive to "Umgeni" through the Berea, the most beautiful suburb of Durban.

(To be continued.)



AT HOME ON THE BEREA



"THE FLIER"—A ZULU 'RICKSHA PULLER

THE WORK OF WOMEN ON HOSPITAL BOARDS *

By LOUISA STEVENSON
Governor, Edinburgh Infirmary

It is a remarkable sign of the times that the public is gradually waking up to a sense of the value of organized and official, as compared with amateurish and dilettante, service from the women of this country. The old-fashioned sentiment that the deeper a woman buried any talent she might possess, and the more closely she wrapped it up in a napkin, the better she fulfilled her destiny, and the more womanly she was, is fast dying out; and the warning against allowing *any* talent to lie unused is more generally accepted as applying equally to women and to men. It is well that it is so, for the world has need of every ounce of talent it contains. Is there amongst men such a superabundance of public spirit, of devotion to the public service, of willingness to sacrifice private interests to public, coupled with general organizing power and ability, that the State and public boards can afford to do without any that are possessed by women?

The general qualifications of women to serve on hospital or other boards are precisely the same as those of men, although each has valuable special experience which the other has not, and which would be lost without the services of both. Many thoughtful people recognize this. Full recognition cannot be hoped for till the citizenship of women is put on a sure basis by the bestowal upon them of their just right to a Parliamentary vote, the want of which is at the root of a vast waste of accumulated power.

Without experience and training, neither men nor women can give of their best. As a guide to preliminary training may I commend to the notice of those of you who have not already read it a careful study of that wonderful little book of Baden-Powell's on "Scouting," which contains texts for many sermons? Read the book, and you will recognize what I mean. Carry out its precepts in your daily life, and your usefulness for all time coming in both public and private life will be sensibly increased.

I think I may most profitably spend the few minutes which the committee of the National Union of Women Workers have honored me in putting at my disposal by calling attention to some of the matters which might, in my opinion, with advantage claim the attention of women members of hospital boards. The efficient ordering of the domes-

* Read before the National Union of Women Workers.

tic arrangements of a hospital, large or small, require the same kind of knowledge, experience, and organizing power required for a well-ordered private house. I have therefore no sympathy with a frequently expressed idea that women members are wanted in the interests of women and children only. Men need their services also. The ideal household has a woman as well as a man at the head of it—those of widowers not being specially distinguished for comfort.

The dietary of hospital patients must naturally be fixed by the physicians and surgeons in charge, but they cannot be expected, except in cases of very serious illness, to pay attention to the quality of the food and the manner of cooking and serving it. Variety of food is important for the officials, nurses, and general staff of a hospital, and this cannot be secured without much thought and care. In all such matters competent women managers should accept a full share of responsibility. The kitchen employees will do their work all the better if they know that some of the authorities are taking an intelligent interest in its results. The same thing applies to the laundry, the linenry, and the clothing departments. The officials connected with them are entitled to all the help which the knowledge and experience of women members are able to supply. Every worker, every one of us, is none the worse of a little criticism of our work from some one who thoroughly understands although not actually engaged in doing it. It has been said that such matters may fittingly be left in the hands of an outside Ladies' Committee. Of this I most strongly disapprove, as I deprecate the assumption of responsibility without power.*

Nursing and the training of nurses have been so much in the public mind of late in connection with our sick and wounded soldiers that I think this a fitting opportunity to urge all women members of hospital boards to make diligent study of the whole question. Although since the days of Mrs. Gamp what may be called a revolution has taken place in nursing matters, I have no hesitation in saying that a great deal of chaos still exists which must be reduced to order if the public generally are to derive the utmost attainable benefit from the services of thoroughly trained nurses. The greatest diversity of opinion exists as to what this means. More recognition of the principle of development in the science and practice of nursing is desirable. There is, as yet, no

* No one knows better than I do that in order to the efficient working of a hospital the lady superintendent or matron must have concentrated authority in her own department. That power, however, ought not to be autocratic. No human being, man or woman, is fit to be an autocrat. Her rule should be monarchial, but it should be a limited monarchy—all important decisions and appointments being reported to a committee of the Board of Management, on which the women members would naturally have a seat.

recognized, accepted, general standard of attainment for certificated nurses corresponding, for example, to that for teachers or university students. A teacher who holds a diploma or a student who has taken a university degree must have followed a fixed minimum course of training, the value of which and the subjects of which anyone who takes the trouble to inquire may easily ascertain. Such knowledge is especially valuable with regard to medical degrees. Nurses, however well trained, however efficient, physically, mentally, and morally, will never obtain either the position or the pay to which the best are entitled until the public have the means of differentiating between the good and the bad, between those claiming high pay and those claiming lower, by some other means than pleasant or painful experience, as the case may be, in times of sickness and distress.

After much consideration, I have come to the conclusion that the remedy for the present unsatisfactory state of matters will be found in a comprehensive system of State registration for nurses. This in the interests of the State, of the general public, of all hospital and private patients, and of the nurses themselves. To formulate such a system will require the help of the very best of those women who have knowledge and experience of nursing matters. It must, as I said, be comprehensive, must not be grown in a mould, but be planted like a tree and allowed to develop in the sunshine of good mental and moral influences. Examination for admission to each register should be *pass,* and not competitive, and should be entrusted to some extent to nurses of position and experience. Pending registration, every hospital certificate should set forth the duration of each branch of training given, so that employers may be able to judge if a nurse has had the experience qualifying her to undertake the care of any special case.

Women who aspire to be nurses of the first rank must, I think, begin earlier than is at present customary to learn their work. There is difference of opinion as to the age at which a woman should enter the wards of a hospital for training. I think you will all agree that if that age is twenty-four or twenty-five, a year or two could be most profitably spent in preparatory study. There are many things which can only be learned in the wards of a hospital, but there are others which can equally well be learned outside. I know of two hospitals—one in Scotland and one in England (there may be others)—where systems of preliminary training and examinations have been adopted with the best possible results. The survival of the fittest is insured, to the immense advantage of the patients, who are thus delivered from the feckless ministrations of ignorant and incompetent probationers. I would have every candidate for hospital training attend lectures on elementary physiology, anatomy, and

hygiene, and courses of practice and demonstration cookery lessons, before she sets foot in a hospital ward. She should also attend lectures on general nursing, learning, amongst other things, how to make and apply poultices and fomentations, to make and apply bandages, to take temperatures, and to make the beds and change the sheets of helpless patients. With such previous knowledge, her power to profit by ward training would be increased tenfold. No one need fear that better education would tempt nurses to forget their position and to assume responsibility which belongs to the physician. It is the little knowledge that puffeth up, and the more thoroughly trained a nurse is, the more clearly does she recognize where her duty and responsibility end. A good nurse must be something more than a nurse, and ought to be able to think about other things. Women managers must see to it that the nurses' hours are not too long, and that the terms of night duty are not unduly protracted. In some hospitals—I am glad to say they are few—the night nurses are kept on duty for a consecutive period of eleven months. For many this is an undue and unnecessary strain.

A suggestion has been made, and has been received with favor, that this country should have a corps of reserve among nurses numbering one thousand members. Judging from this last year's experience, it is not too many. It lies with women members of hospital boards to cooperate with hospital matrons in seeing that their training shall be of the best, and that they shall have experience of fever, as well as of ordinary medical and surgical cases.

For all the impression that the magnificent services of Florence Nightingale in the Crimean War have made on the army medical authorities of this country as to what the knowledge and experience of women can accomplish, it might be imagined that they had never even heard of her and of her work. The United States of America have recognized the importance of her services to our army, and a woman has been or is to be appointed under the chief of the War Department Medical Bureau who is to be responsible for all arrangements for the nursing of the soldiers in time of war. With us things work slowly, and the minds of men are not yet accustomed to this idea. We who believe that women know more about nursing than men must take the responsibility of educating the authorities on the subject, bearing ever in mind the dictum of Thomas Carlyle that "the only rhetorical figure which is worth anything for purposes of persuasion is the great figure of repetition."

A WORKING WOMAN'S TRIP ABROAD

By ELISE H. LAMPE

Perhaps few of the nurses know of a society in Europe whose work is very similar to that of the Young Women's Christian Association in this country. This society has branches in every city and town in Europe, but does not bear the same name everywhere: in Bremen it is called Marthaheim, in Weimar Paulinenslift, in Paris Maison Hospitalière (in the latter city are many homes for the different classes of self-supporting women); they are found everywhere,—from Russia to Germany, from Asia to Scotland.

Two years ago, while travelling in Germany with my mother, I first learned of these homes, and we tried them with the happiest result, which now prompts me to tell of them, so that those of my colleagues who have longed for a European trip may be enabled to go for a very small sum of money by living in these homes.

A kind friend gave me a small *pink-covered* book, which contains the addresses of all the homes in Europe. The *pink* cover of the book is very significant; for any young woman travelling alone carrying one of these books in her hand is taken care of by the railroad officials in Germany, and in very large cities, such as Berlin, Hamburg, or Bremen, a woman who wears a white band with a pink cross on it around her left arm is on the lookout for every woman carrying the pink book. This woman helps the stranger with her luggage at the station, but on going out upon the street she removes the band about her arm and conducts her personally to the home, where she is received in the kindest manner by the Frau Oberin (matron), who takes her upstairs to a clean little room usually looking out upon a quiet garden. The matron is, of course, a busy woman, but all those whom I had the good fortune to meet were each ideal in her way and just the right person for the place.

From the time one enters the home to the day of leaving it one is treated as an honored guest. These homes are all more or less training-schools for domestics under the patronage of a woman, a lady of title, after whom these homes are named. A few rooms in each home are reserved für durchreisende Damen (ladies travelling through the city) in order that the pupils in training may learn practically how to care for a guest. And oh, the comfort of it! But perhaps I can convey more by giving a few of my experiences while a guest in the various homes.

The Elisabeth Heim is in Dessau, where we were received with the kindest hospitality and made thoroughly comfortable. There were no

rules to conform to. Our boots were blackened and dresses brushed, and for bathing we had plenty of hot water. In the morning a nice breakfast was waiting for us in the matron's sitting-room, with the best china and an embroidered cosey over the coffee-pot. The midday meal we took with the rest of the household. Supper we had at our own time in the sitting-room. We remained two nights and three days, and our bill was less than two dollars for my mother and myself. The matron asked us not to fee anyone, but if we wished to contribute to the fund for aiding and securing places for unemployed girls we would find a brass contribution-box in the hall.

Dresden has a Lehrerinnenheim, where I found trained nurses were accepted, and in this case I had the novel experience of being my mother's chaperon. The only rule to conform with in this home was to be strictly on time for meals; if out after ten P.M., a fine of two and a half cents per person to the concierge. For board and lodging, forty-five cents a day per person.

Weimar was so pleasant we wanted to remain indefinitely. We had a bedroom with two single beds and a sitting-room adjoining it, where breakfast was served to us. Dinner was served in an arbor in the garden, the matron and other guests partaking of it. Afternoon coffee we took there also, and one afternoon a cherry-cake was baked in our honor, which was a great treat. Here we paid seventy-five cents a day for board and lodging per person.

In September I left my mother in Germany and returned to this country. Arriving at the station in Bremen, I went up to the woman with the white band around her arm, who stood in a conspicuous place, and made my wants known to her. It seemed from the first moment as though I had met an old friend. She helped me with my luggage, went to the Lloyd office with me (in the street-cars she has the privilege of riding free), then gave me explicit directions to find the home, as she had to wait for the next train. At the home I was the only guest and was made very comfortable. The supper was served in the matron's sitting-room, but as she was too busy to join me, I found several interesting books on the table near my plate. The next morning Frau Walter, the kind woman who patiently stands in a draughty station to meet and help women travelling alone, went with me to the train, secured my seat, put my things on the rack, and waited 'till the train started. This was a strange contrast to my former experiences in Bremen,—a small, ill-ventilated room in a noisy hotel, with the porter too busy to attend to one's luggage, and a hurried, cold breakfast on the morning of departure of steamer, with a large bill in addition.

The railroad system in Europe is not perfect, but accommodates

itself to all classes,—but one has to learn and understand it. One can travel luxuriously first or second class, giving little thought to the matter of economy, but the tourist who wants to see much and has but little money to spend must plan and think. It is well, therefore, to have a definite idea about the places to be visited, and to be guided by the time and money at one's disposal.

If the traveller intends to visit Germany, Switzerland, Italy, etc., it is well to make out a list of the cities and towns to be visited—systematically, of course, on a large sheet of paper, clearly written. On arriving in Bremen or Hamburg, inquire of the inspector at the station for the office of the Rundreise Billet. In twenty-four hours a book of tickets for the round trip of forty-five or sixty days will be ready for you. Only hand luggage is allowed on these cheap tickets, but a trunk can be sent ahead by freight. In Germany and England one can travel third class very well, and for the other countries second-class tickets are joined on if desired.

LIFE'S HARMONY

They tell me that in Pisa's old cathedral
All noises harsh and loud—
Grating of ponderous doors, shrill tones,
The tramping and murmurs of the crowd—
Are caught up, softened, harmonized, and blended
Within the lofty dome,
Then echoed back in one great wave of music
Sweet as the dream of home.
So all the harsh notes in life's mingled music—
The burden and the woe,
The stroke that almost snaps the quivering heart-strings,
The loss that grieves us so—
In heaven's o'er-arching dome of perfect wisdom,
Power, and love, shall be
Gathered and blended in divinest marvel
Of matchless melody.

—M. C. Upton.

PRACTICAL POINTS ON PRIVATE NURSING

IN CHARGE OF

ISABEL McISAAC

DIPHTHERIA

By JAMES B. HERRICK, M.D.

Associate Professor of Medicine, Rush Medical College, Chicago

I HAVE been asked by your editor to write an article on diphtheria in the hope that it might emphasize some of the more recent views regarding the origin, nature, and treatment of this all too prominent disease.

When we consider that not so many years ago it was questioned even by physicians of experience whether diphtheria was contagious or not, we see that a great change has taken place in our conception of the disease. It is now generally recognized as a contagious disease, and the contagium—that is, the infectious material—is known to be a definite micro-organism, and the danger of the spread of the disease lies in the fact that the organism from the throat of the affected individual may get into the throat of a healthy individual.

While diphtheria may affect other parts of the body, such as the mucous membrane of the eye or mouth, or a wound of the skin, it is found oftenest in the nose, throat, or larynx. The organism, the Klebs-Löffler bacillus, usually lodges in the throat or on the tonsil. It may possibly find the field unfavorable for development, in which case there will be no evidence of the disease. In other instances it finds the soil favorable, it multiplies, and produces the local evidences of inflammation in redness, swelling, and an exudate. This exudate, in the case of this germ, is characteristically rather firm, of a whitish or grayish color, and adheres closely to the underlying mucous membrane, so that if an attempt is made to remove it, there is frequently left a bleeding surface. The diphtheria germ is peculiar in this,—that it very rarely gains entrance to the body proper—that is, it very rarely enters the blood. The question may be asked, " How, if this is the case, do we have such marked constitutional symptoms in cases of diphtheria?" The answer is that the germ, multiplying in the throat, in some way produces a most virulent poison, to which the name diphtheria toxin has been applied. It is this poison that is absorbed by the lymphatics and veins, that enters the

blood, producing a most profound toxæmia, and it is this poison that, coming in contact with all the cells and tissues of the body, produces most serious changes in nerves, muscles, heart-muscle, kidneys—in fact, all the organs of the body. It is the absorption of this poison from the tonsil or from the nose by the lymphatics that produces the swelling in the lymphatic glands which forms such a striking feature in many cases of diphtheria. These glands are apparently striving to act as a barrier to the too rapid dissemination of the poison, and in their efforts become swollen and frequently tender. In some cases too there is an inflammation of the tissue around about the gland, causing a diffuse, brawny infiltration in the neck, though in this case there is often, as will be referred to later on, a mixed infection, and other organisms than the diphtheria germ are at work.

There are great differences in the clinical manifestations of diphtheria as met with in different individuals. These differences depend upon different numbers of the organism, different degrees of virulence of the germ, different amounts of toxin produced, differences in the virulence of the toxin, the rapidity of absorption, the resisting power of the individual, and his ability to eliminate the poison. We see here why, if virulent diphtheria germs attack an individual who is already debilitated, with a lowered resisting power, whose kidneys are perhaps poor eliminators, the disease may run a rapidly fatal course. On the other hand, if milder germs attack an individual whose resisting power is great, whose eliminating power is also great, the disease may run a mild course.

There are great variations in the local as well as constitutional manifestations of the disease. In some instances the throat shows but a very slight exudate, and the diagnosis can only be made by careful bacteriological examination. In others the exudate has such a characteristic color and spreads so rapidly over the tonsil and the soft palate to the back of the throat, out into the nose, and even out on to the upper lip, that without a bacteriological examination it is an easy matter to recognize the nature of the disease.

Pain in the throat is variable, in some instances being very slight, in others a most distressing symptom. So likewise is the amount of swelling. This may be trifling, or it may be as great as in cases of suppurative tonsillitis or quinsy, the tonsils meeting in the centre, and there being much œdema in all the pharyngeal tissue.

The initial chill of the patient may be slight or may be pronounced. An attack of vomiting may usher in the disease. The temperature may rise to a high point, or it may never be much elevated, and it is well to know that too much reliance should not be placed on the temperature

as an evidence of the severity of the disease, for in some of the most severely toxic cases the temperature is quite low or at times even subnormal. The pulse will increase in rapidity, and in the severer cases will become rapid and small. There is destruction of red blood-corpuscles, and in the severer types of the disease the patient rapidly becomes pale, the countenance often showing a peculiar ashy look, so that one can make a probable diagnosis of diphtheria, without even looking at the throat, when he sees a child with an ashy-gray-looking face, a swollen neck, and hears the peculiar breathing that tells of the obstruction in the nose and in the throat. It is rendered easier if the physician detects the horribly offensive odor that comes from the throat in many instances.

The appetite, as a rule, is poor, and in many cases it is a severe problem how best to get the little patient to take nourishment. The bowels are generally constipated, although diarrhœa may occur. The urine is diminished in amount and high-colored, as in most febrile affections, and a trace of albumin is not at all uncommon,—in fact, it may be regarded as the rule.

The duration of untreated diphtheria varies from a few days to about two weeks. In cases that go untreated the termination of the disease is indicated by the gradual disappearance of the membrane from the throat, the subsidence of the swelling in the neck, the lowering of the temperature to normal, the dropping of the pulse-rate, and the return of the appetite. The patient, if he has gone through a severe attack, is left weak, anæmic, and quite prostrate. He may show for many weeks the effect of the serious illness through which he has passed.

The dangers of diphtheria and the mode of death may perhaps be grouped as follows: First, toxæmia. This has already been discussed. It is the cause of death in perhaps the majority of cases, the violent poison being absorbed in large quantities, which so depresses the heart and the nerve centres, and so interferes with the function of the kidney and other important organs, that death may be said to result from the toxæmia *per se*. Second, death may be the result of sudden cardiac failure. This in reality is but the result of the toxæmia already described. The manner of death, however, is here so peculiar that it deserves a separate classification. The muscle and nerves of the heart are frequently seriously affected, and at times—even when the local manifestations of the disease have disappeared, when the temperature is normal, when the child is beginning to eat more, and has even been allowed to sit up in bed or get out—there is a sudden failure of the heart, death occurring instantly. This is sometimes preceded by a rapid, fluttering pulse, by dyspnœa and cyanosis, by a gasping respiration, which may last for a few minutes or a few hours. This is the dreaded death in diphtheria—sudden failure of the heart. Third, there may be a mechani-

cal obstruction of the larynx, constituting the diphtheritic laryngitis, or diphtheritic croup. In a few instances diphtheria involves the larynx primarily. Almost always, however, there has been primary trouble in the throat, so that the laryngitis is secondary. A warning of the existence of laryngitis is given by the hoarse, croupy cough of the child, by the gradual loss of the voice, so that it becomes but a whisper, and as the obstruction becomes more and more marked by the difficulty in breathing, the child becoming more restless, more cyanotic, covered with perspiration, the pulse getting weaker, and the efforts at inspiration being accompanied more and more by retraction or sinking-in of the soft parts, such as the supraclavicular spaces, the epigastrium, etc. Unless surgical interference or treatment with antitoxin is applied at the right time, death is a very common result in these cases of diphtheritic croup. Fourth, death may occur from the spread of the disease to the trachea, bronchi, and the development of a broncho-pneumonia. In some instances the pneumonia is due to the inhalation of bits of exudate from the throat or from the larynx. Fifth, death may occur from any intercurrent or complicating disease, such as croupous pneumonia, or the diphtheria toxin may cause an acute Bright's disease. Sixth, mention has already been made of secondary or mixed infection. By this is meant that the patient is infected not only with the diphtheria bacillus, but with other germs. The germs of true pneumonia already mentioned would be one instance. The pus germs not infrequently act at the same time as the diphtheria germ. These may gain entrance to the body through the tonsil, and may be the cause of not only severe local trouble, such as suppuration of the glands of the neck or suppuration of the cellular tissue of the neck, but may be the cause of a genuine septicæmia or blood-poisoning. This is not infrequently the cause of death in diphtheria. At times these germs, that produce pus, exert their influence locally in distant parts of the body to which they are carried by the blood. We find then that the patient with diphtheria has pus in the pleural cavity, pus in the joints, pus on the valves of the heart, and ulcerative endocarditis. It may be mentioned here, explaining why the antitoxin treatment is not always successful, that a patient may in reality die cured of his diphtheria, succumbing really to a septicæmia induced perhaps by some such organism as the streptococcus pyogenes; that is, dying of the secondary or mixed infection. When we think of the many possible causes and modes of death in diphtheria, and consider the rapidity with which the organism multiplies, the virulence of its toxins, we need not wonder at the previous high mortality of the disease when anywhere from ten to forty out of every hundred died.

(To be continued.)

"BACKS AND MOUTHS"

By HARRIET HIGBEE

"BACKS."

The prevention and treatment of bed-sores have been and are frequently discussed in medical books and nursing journals. But as it is a subject that often taxes the nurse's ingenuity to the extreme, it cannot be dwelt upon too frequently.

Many preventive measures are familiar to us, as the soap-and-water bath for cleanliness followed by rubbing with alcohol and dusting with boric-acid powder or boric-acid powder and bismuth subnitrate in equal parts for dryness; the relief of pressure by the use of air-cushions, cotton-pads, pillows, water-bed, and frequent change of position where that is possible.

In addition to these, there are a few measures, not generally used, that after a thorough test have proved very satisfactory. One is a simple, inexpensive contrivance used to relieve pressure of heel, elbow, and ear. It is a pig's bladder, filled two-thirds full of either warm or cold water, as the case requires, tied securely, and placed under a cotton ring. The weight of the heel or elbow rests on the ring, and the tender point rests on the soft, fluctuating mass.

If the skin is inactive, as in paralysis, or there is frequent or constant moisture from perspiration or involuntary evacuations of urine or feces, the alcohol and boric acid, etc., are of very little value. They do not prevent the absorption of the moisture by the skin, and its subsequent softness or excoriation, which is commonly followed by infection.

In such cases the back should be washed with soap and water every six or eight hours, or after every involuntary evacuation, and thoroughly rubbed with a small amount of some oily substance, as castor-oil, camphorated oil, or a mixture like the following:

Mutton tallow, ℥i;
Olive oil, ℥i;
Carbolic acid, 95 per cent., ♏i.

Render out mutton tallow on the back of the stove; do not brown it. Strain through piece of muslin; add the olive oil and carbolic acid; set dish into cold water, and beat its contents until set. This will make an ointment the consistency of vaseline, and it will keep indefinitely.

If the skin needs a great deal of stimulation, camphorated oil, or better still castor-oil, may be substituted for the olive oil in the above recipe.

When the skin becomes excoriated, the part should be cleansed, as mentioned before, not with soap and water, but with boric-acid solution, normal-salt solution, or sterile water; then gently painted with oxide of zinc ointment made into liquid form by the addition of olive oil, castor-oil, and balsam of Peru in equal parts, or castor-oil alone, and covered with a clean cloth fastened on with a binder. Gentle massage may be used around the excoriated surface with excellent results.

The treatment of bed-sores is usually directed by the physician. But if it is left to the nurse, she will find the following method helpful.

If there is necrotic tissue or suppuration present, she may irrigate the cavity once daily with peroxide of hydrogen,—one glass syringeful,—followed by normal-salt solution, boric-acid solution, or sterile water. Then apply a hot boric-acid dressing—one inch thick—every four hours until the wound is clean. If the stimulation of the tissues is needed, fill the cavity with a sterile dressing saturated with balsam of Peru and castor-oil in equal parts, bovinine, castor-oil, or camphorated oil alone. When the depression is filled with granulation tissue, it can be treated as an excoriation.

"MOUTHS."

The subject of the care of mouths in fever nursing is equally as important as that of prevention of bed-sores.

An unclean mouth is not only very unpleasant and often painful to the patient, but is a source of infection. The accumulation of food and mucus is a fertile field for the lodgement of bacteria. If this infected material is allowed to remain, it can easily spread to the middle ear and the mastoid cells and cause abscesses, or be carried by the food to the already overburdened alimentary tract, to add to its infection, or be carried off as waste matter.

When the accumulation of sores is profuse and persistent, the patient's mouth ought to be cleansed after every feeding. This may be done by wrapping a two-inch square piece of linen or gauze, saturated with a mouth wash, around the little finger, and wiping every portion of the cavity—not far enough on back of the tongue to provoke nausea. If it is necessary to clean the throat, a small swab may be employed. For thorough cleaning of the mouth several sponges are necessary. These may be received in a piece of paper and at once burned.

While cleaning the mouth of a delirious patient, the nurse, for her own protection, must place some hard substance between his teeth. A rubber cork is the best, but if that is not available, a fork-handle may be used. Its prongs must be carefully wrapped to avoid an accident. If the cork is used, the nurse must hold it in place to prevent its falling down the patient's throat.

There are numerous preparations used for cleansing the mouth, as:

I. Listerine, ℥i;
Aqua, ℥ii.

II. Dobell's solution,
Aqua, āā ℥ii.

III. Boric acid saturated solution, ℥i;
Alcohol, ℥ss;
Glycerine, ℥i;
Tincture of myrrh, ♏i.

IV. Glycerine,
Aqua, āā ℥ss.

The three following formulæ have been found excellent for special cases:

I. For mucus-coated mouth:

Soda bicarbonate, grs. x;
Glycerine, ℥ii;
Aqua ad q.s., ℥ii.

If the coating be of long standing, thick and dry, this solution may be applied with an applicator every five or ten minutes for one hour, and then the cleansing may be done with sponges. In these cases it is necessary to use a toothpick to gently loosen the sordes between the teeth.

II. For dry or fissured lips and tongue, and for anointing the baby's nose:

Lanoline,
Vaseline, āā ℥i;
Oil gaultheria, ♏xxx.
Apply small quantity several times daily.

III. In rare cases there is a persistent bleeding from the gums. The application—several times daily—of the following solution is effectual:

Tincture of myrrh, ♏xxx;
Aqua, ℥i.

Begin with small things, madam. You cannot enter the presence of another human being without finding there more to do than you or I or any soul will ever learn to do perfectly before we die. Let us be content to do little, if God sets us at little tasks.—Charles Kingsley.

CHILDREN'S DEPARTMENT

IN CHARGE OF
LOUISE C. BRENT

FRESH AIR AND SUNSHINE

By OLIVE WILLIAMS

If pure air is important for healthy persons it is doubly so for the sick. It is often a source of wonder why so many describe in minute detail the treatment intended for a patient and say not a single word about those important aids, fresh air and sunshine. We have simply to walk from the fresh air of out-doors into a close, dark room in which some one has spent the night to appreciate the irritating, stupefying, disease-producing effects of impure air. Many object to ventilating the room at night on account of breathing the night air. True, the night air lacks the purifying and tonic germ-destroying power of sunlight, but even so it is infinitely better than the foul air of the poorly ventilated, stuffy room, and as every one is entitled to breathe the best and purest air he can get, then at night breathe the night air.

Patients are very apt to confuse cold air with pure air, but it is not our object to introduce cold air into a room, but pure, fresh air warmed. In most cases this can be done with slight effort. A window should be down at the top and up at the bottom each a couple of inches. The average storm window is a nuisance and a provocation. It is a common practice to pull out the two slats supporting the upper sash, shorten them two or three inches, and put them in place again. This allows the upper sash to drop two or three inches, and ventilation is partly insured. It is also important that the curtains, if there are any, be pulled aside at the top and the blind so arranged as not to interfere with the current of air. In ventilating be careful to avoid draughts. An ordinary fireplace is an excellent means of ventilation, as, besides warming the pure air, it makes the room cheerful.

In the summer months ventilation is no longer the knotty subject, but in winter many prejudices are encountered.

In phthisical cases particularly are fresh air and sunshine of vast importance. This was demonstrated to some extent by Trudeau's experiments with rabbits inoculated with tubercle bacilli. Those kept in the

dark, damp, poorly-ventilated rooms quickly succumbed, while those allowed to run wild either recovered altogether or at most with some slight lesion.

Pasteur found that germs floating in the air were generally dead, killed, it was supposed, by the sunshine. Sunlight is death to the germ, and fresh air is the greatest antidote to microbes.

When the pure sunlight is allowed to freely play through our houses, besides making the surroundings brighter, it as well influences the inmates, as the blood flows more easily, the color is brighter, and the mind clearer. Shaded people suffer from two evils, first, lack of sunshine, the very life and power of humanity; second, from impure air.

It is in the congested centres of population where light and air are defective that the germ is favorably nourished, preserved, and multiplied.

How important, then, that in the care of the sick we see to it that the irritating narcotic, headache-producing effect of dark and ill-ventilated rooms shall be reduced to a minimum, and in its place an abundance of those all-pervading and simple elements, the invigorating, appetizing, and buoyant tonics, fresh air and sunshine.

There is another form of sunshine aside from that which is received from the sun's rays that is of immeasurable worth in the sick-room, namely, cheerfulness. The source of this form of sunshine is usually those in attendance. In the presence and personality of the cheerful one is an influence that acts upon others as summer warmth on the fields and forests. Such an one has the power to call forth the best in their patients, making them braver and happier. How quickly sunshine acts, bringing an exhilaration of spirits, a quickening of energy, a renewal of zest and interest in living. "Great hearts there are among men," says Hillis. "They carry a volume of manhood; their presence is sunshine; their coming changes our climate; they oil the bearings of life; their shadows always fall behind them; they make right-living easy. Blessed are the sunshine carriers! they represent the best forces of civilization."

Knowing, then, the virtue of a cheerful countenance, check expression when sombre feeling oppresses. To say how sad one feels when the heart sinks for the moment deepens the inward trouble and spreads it to outside people. One would not spread disease, therefore do not spread mental distress. The true mission is to brighten, not darken, life.

THE DELIGHTFUL FARCE OF KRIS-KRINGLE

By H. S. HUTCHISON, M. D.
Hospital for Sick Children, Toronto

Santa Claus would arrive at ten o'clock. All was romance. Even the "grown-ups" were secretly determined in their heart of hearts to bring back some of the old feeling of Christmas delight. For every girl "grown-up" remembers with what glee she has for months nursed a dolly that, having once very prettily shut its eyes at the night-time, never opened them again; and every boy "grown-up" has still a sneaking regard for the tin locomotive, which, after being wound up, for more than five minutes ran in a small circle, and ever after had to be dragged round on three wheels, without tender or cab. And so there was a feeling of delicious self-imposed awe for the kind old benefactor of youth.

Every child had been awake since four A.M. The girls had been told that Santa Claus would come, and so even the most imaginative of them did not allow their thoughts to depart from dutiful and absolute belief.

The boys, however, were divided into three classes: First, there were those who were too young to understand who was coming, and therefore were believers; second, there were those whose implicit faith in the good filler of stockings was adamantine in its firmness; and, lastly, there were the sceptics.

The duties of Santa Claus were not light. He must make a good impression with the first group, he must maintain the respect of group number two, and, most of all, he must rescue from the swift-flowing river of doubt the faith of the sceptics, and, having rescued, must resuscitate. Also, it had been found advisable, owing largely to the fact that early associations had made some of the prominent doubters familiar with the genus antelope, to admit that even reindeer could not cover the wide world in one night, and that, in fact, Santa Claus was indigenous. Hence there entered into the already rocky road of the old grayhead the thorny element of competition, for Santa Toronto must not in any way be inferior to those of his colleagues who had previously benefited their young friends elsewhere. Furthermore, it had been set forth by the revolutionists that the part of Santa Claus was a played one, and that it would be taken by some familiar figure disguised by the judicious addition of pillows and by a gorgeous dress. How then was this theory to be met, for the old gentleman was certainly stout? Truly, trouble galore had even he to contend with.

Of a sudden a great clatter of sleigh-bells and hoofs was heard. Santa Claus was here! Resplendent with flowing robes of red, trimmed with ermine, in a beautiful red cutter drawn by two snow-white ponies, and sitting on holly-decked bundles, he appeared. Swiftly he sped towards the girls. Shrieks of awe-mingled delight filled the air. Majestically he alighted from his sleigh and began unpacking his beautiful bundles.

"Gussie Harrington! Where's Gussie?" cried Santa in the midst of his kind work.

"Here I am," came a sweet little voice.

"Here you are, my dear," said he, handing her a lovely bundle, in which was a dolly, a stove, a picture-book, a set of dishes, and other useful things for a little doll-house-keeper. "Do you know me?"

"You're Dr. M.," quickly came the reply.

Santa was dumfounded. Poor little Gussie, whose painfully swollen eyelids he had for months had to tenderly pull apart to put in the cruelly smarting drops, whose case had been pronounced hopeless, who had never seen the light of day, had actually penetrated a mask of which she knew nought, and had recognized the hands and the eyes of the one who had so unwillingly tortured her. And why were her eyes uncovered to-day?

"She can see to-day for the first time," was whispered in Santa's ear.

Here was shattered romance replaced by romance. Little by little had Gussie improved, thanks to careful, kind nursing, and from first being able to tell light from darkness, she had improved so during the last week that on this day of days she could actually see. Santa Claus sped away with a lump in his throat.

The babies were frightened half to death. The tremendously tall, stout old gentleman with gray head and beard, offset by such red cheeks and nose, was too much for them, and made to their poor little minds a picture of indescribable terror. Their screams could be heard for blocks.

The romance of the "grown-ups" received a severe shock. What a harsh demonstration to these innocent babes of the fact that the truest pleasures which they would in years to come enjoy would be those which were preceded by much pain.

The kind old man soon won their little hearts, however, with his arms full of bunnies, dollies, bow-wows, and candies, and soon nothing but sunshine could be seen through the tears.

Were you afraid, Mistuh Smiff?" was asked of a smiling, chubby boy of four, with glorious blue eyes, curly hair, and talipes equinovarus of the left foot.

"No," he replied; "Yanty Claus tuk hold my wusser foot, and he say 'Helloa me,' I say 'Helloa him.'

Mister Smith never acknowledges himself beaten, and always has satisfactory explanations. He'll get on in the world.

Meanwhile, the terror of the babies was exceeded only by that of Santa Claus himself. For strange, weird changes had been taking place in his internal economy, and more than once he had caught sight of a white corner peeping out from under his red frock. Moreover, he was very stout, was very warmly clad, and had never been so long in any warm building before. He was feeling faint, and he still had his hardest task; for he had now to face the sceptics.

The boys had been becoming more and more worked up, and, as the royal equipage of the North approached, even the scoffers were carried away by the universal excitement. Fire-reels, gun-boats, windmills, and many other wonderful inventions absorbed the interest of all.

"Santa Claus, your teeth are coming out," said a doubter, suddenly waxing bold.

Sure enough, a row of flat, square teeth were projecting straight out from Santa's lower jaw, and did you not know Santa so well, you would have sworn that they were card-board.

"Santa Claus, what's this?" said doubter number two, reaching out from his bed and seizing the small, white, projecting corner. A pillow dropped out onto the floor!

A great howl of derision went up. Santa Claus summoned all his forces for one last supreme effort. 'Twas no use, and the last the boys saw of Santa Claus was a red streak, dropping here a pillow, there a pillow, till a kind corner hid from view the escape of the kind old man from a building where his gray hairs had been so little respected.

The charm of romance was broken. Truly a just reward for those who would deceive the sick! But where were the sick? For—and this is the one mainstay of those who labor in this saddest branch of medical life—with smiling faces these little heroes, with fortitude worthy of Spartans, keep their sufferings entirely *under the bed-clothes.*

The delightful farce of Kris-Kringle was over for another year.

EDUCATIONAL

IN CHARGE OF

ISABEL HAMPTON ROBB

EDUCATION IN NURSING*

By MRS. STRONG

Matron Glasgow Royal Infirmary

Having been requested to put before you the method of training women for the profession of nursing in the Glasgow Royal Infirmary, I consented to do so, but with reluctance, hesitating to express an opinion upon a system so recently inaugurated.

Any scheme must be largely tentative until tested by practical experience. We have made a departure from the old paths, whether better remains to be proved. We do not depreciate the work of the past; it served its time; and without the labors of our predecessors we should not stand where we are to-day. Life should be growth or progress. Let us endeavor to add something to the stores of the past that may help forward the work of the future.

To make our position clear, we must take a cursory glance over the field of nursing—past and present.

A great impetus was given to nursing by Miss Nightingale's memorable action in connection with the Crimean War, and her subsequent establishment of a school in conjunction with Mrs. Wardroper, whom Miss Nightingale found quietly working in St. Thomas's Hospital, seeking to rescue nursing from its degraded position. All honor to these noble women! So far from forgetting what they have done, we can pay them no better tribute than by seeking to expand and help on, in however small a degree, the work inaugurated by them. Had St. Thomas's Hospital remained the only "School for Nurses" in the United Kingdom there would have been uniformity of education, and possibly, as the higher demands arose for the fuller instruction of nurses, the authorities of that hospital might have met those demands, and thus have lessened the need for legislation. As it is, almost every hospital in the kingdom followed the laudable example set by the

* This report was printed in the *Trained Nurse* in January, 1895. Reprinted by permission of the author.

"Nightingale Committee" and instituted "training-schools," each being a law unto itself. Hence the great variety in the forms of "education" introduced, which has called forth the desire for uniformity, both in instruction and in the test to be applied before "diplomas in nursing" are granted.

As nursing stands now, it has no definite position. There is no uniformity of education, no general test or examination to prove whether a woman is qualified to take the charge of the sick or not.

A nursing certificate is, therefore, comparatively speaking, worthless, unless one has an intimate knowledge of the working of each hospital, and knows exactly what its "certificate" represents. There is a growing feeling among the public against employing nurses who have not had a three years' residence in hospital, and this is usually looked upon as a sufficient guarantee of efficiency. Personally, I have not found this to suffice.

Some still retain the idea that twelve months spent in the wards of a hospital, without any theoretical instruction, will enable a woman to pick up sufficient knowledge to admit of her undertaking the duties of a nurse.

This implies that a nurse's work is purely mechanical, requiring little mental capacity. In days gone by, when the whole treatment of the sick was of a different nature,—a nurse's work consisting largely of giving medicines at certain intervals, gratifying the patient's wishes as much as possible, no scientific report being required of the patient's varying changes and symptoms,—the so-called "training" was sufficient. I trust the custom is now obsolete of "ladies" going into hospital, paying a considerable sum, remaining only one year, then receiving or obtaining appointments of considerable importance and assuming the title of "trained nurse."

The empirical knowledge gained at the bedside through a long series of years by a fairly intelligent woman produced at times a most valuable nurse; but side by side with this must be taken into consideration the number of failures, partly owing to the want of a natural ability for observation, and partly owing to the want of direct instruction.

With the advance of medicine arose the want of a systematically instructed nurse—one whose knowledge should be of a definite nature. Given a "trained nurse," there should be some standard or test, so that anyone employing her may have some idea of what to expect from her. Degrees of knowledge will ever be regulated by the power of the individual to assimilate the instruction given; still, there should be a fixed quantity.

Recognizing the necessity of technical instruction, some hospital

authorities have instituted a series of "lectures" for their probationers, which have to be attended simultaneously with the acquiring of the practical part of their work.

This was the custom in the Glasgow Royal Infirmary, but we found that it seriously interfered with the discipline of the house and the working of the wards, as it took the probationers away at irregular hours for attendance on these lectures. We were also unable to provide them with time for study, which rendered the lectures practically useless for the majority, as it was only the few whose strength permitted of but little rest or recreation who could obtain time for study. This led to the consideration of a long-projected scheme,—viz., the taking of a special course of instruction, including elementary anatomy, physiology, and hygiene, followed by a course of clinical instruction, before being admitted into the wards for the learning of the practical part of a nurse's work. By the aid of our medical staff this matter was placed before our managers, and was received by them with the most hearty sympathy. After due consideration a scheme was elaborated which we were requested to put into operation in January, 1893.

As far as we can judge, it appears to be a success. In inaugurating a work of this kind, there are, of course, initiatory difficulties, but these we found by no means formidable. Our medical staff has co-operated with me most heartily to facilitate the carrying out of the idea, and its members have remarked to me that in their opinion we are already benefiting by the increased intelligence brought to bear upon the work.

Class certificates are given at the end of each course of lectures stating the percentage of marks received by each pupil on examination in the different subjects, the candidate signing with motto or number. We have not yet arranged for a final examination before granting diplomas, hoping that this may be taken out of our hands by an independent body of examiners in connection with registration.

If the Royal British Nursing Association could see its way to establish such a committee, representing England, Scotland, and Ireland, to examine and decide on a nurse's qualifications before she is placed on their register, it would give prestige to those nurses.

This appears a formidable suggestion, but if deliberately considered I think it may assume a practicable form. There would be expense connected with it, as the examiners must have their fees. The examination-fees to be paid by nurses would defray this expense, but what would be of more serious consideration would be the arranging of the examining centres for the three countries, as the nurses would have to go to the examiners, and they could scarcely be asked to congregate in

London. If centres could be established in the three countries, it would make it comparatively easy for nurses to present themselves.

For the Royal British Nursing Association to step forward and seek to obtain a curriculum fixed by the crown, with its attendant qualification for diploma, for women wishing to practise nursing, would not call forth more opposition than it has experienced in the past, and would, I think, gain it supporters. The association might be to the nursing world what the "General Medical Council" is to the medical. As registration stands at present, I do not think it meets our requirements. I look upon it as the goal to be obtained, not the starting-point, and it must be comprehensive; it must insure the full qualification of a woman for the practice of nursing.

I believe the Registration Society as at present constituted accepts the certificate of any hospital (containing a certain number of beds) which certifies the nurse to have been resident for a period of not less than three years, no special test being employed by the society to ascertain the status of the nurse.

I repeat, mere residence in hospital will not qualify. The authorities of hospitals do not pay a uniform attention to the training of their nurses. Some women during the period of their probation, to a large extent, educate themselves; others, again, wait for a teacher. Many people say education will not make a nurse. The point is, Can they be made without it? Is it the solitary profession that requires no special instruction? Will instinct supply all that is necessary to meet the myriad wants of the sick? I think not.

After nearly thirty years' experience in nursing and dealing with nurses, I am impressed with the idea that we are only beginning to realize what the art of nursing may become if proper means are used for its development, and think it will become one of the best openings for women who will apply themselves diligently to the acquiring of the necessary knowledge; but the acquiring of that knowledge will be attended with some expense, which, as in the preparation for other employments, must be borne by the individual herself.

Nursing can demand remuneration on an average with that of other occupations for women, and why the preliminary cost for special instruction should be looked upon as a hardship any more than special instruction for other purposes I do not know.

It is a pity that any party spirit should have arisen in the ranks of those who wish to see nursing occupy a definite position. As clearly as I can understand the aim of those interested in the matter, it is their desire to stand aloof from all sections or parties, taking a broad general survey of the question, offering to nurses their help and sug-

gestions, and if nurses themselves are not desirous of gaining a definite status, to coerce them into gaining it for the protection of their employers.

The Glasgow Royal Infirmary "School for Nurses" is now arranged in such a manner that it can at any time adapt itself to legislative demands without in the least interfering with its ordinary routine. One of our leaders in the nursing world expressed to me the fear that a system of theoretical instruction to our coming nurses would result in a pseudo-scientific nurse. This is not our experience. The limit of time is such as admits of elementary teaching only, but it is thorough.

Anatomy, as it is taught with us, enables a nurse to handle the human body intelligently, but goes no further. *Physiology,* to make her acquainted with the functions of the different organs, that she may detect deviations from a normal condition. *Hygiene,* that she may know what healthy surroundings are, and endeavor to secure the same for her patients, or minimize existing evils. Our teachers are men of experience, well versed in the requirements of nursing, and have themselves fixed the amount of technical knowledge they think it necessary for a woman to acquire before she can benefit by the practical part of her work.

The clinical classes were introduced as a second course, we having hitherto had no direct clinical instruction for our pupils, it being left to the inclination of the medical staff, some taking much more interest than others; and also to prevent the probationer from plunging into the practical work of the wards without any instruction, causing her to lose much more time than at present before she could be of use, making the work more difficult for the "head nurse."

A still greater advantage is in the uniformity of instruction given, so that we know exactly what to expect from all probationers entering our wards. When our work is sufficiently advanced to carry out fully our arrangements, the probationers will receive eighteen months' medical training and the same of surgical—nine months of which will be spent in the male wards and nine in the female. Such a system of instruction would effectually draw the line between the "professional" and the "amateur nurse." We are also aiming at having three nurses in each ward of not less than three years' experience as a stationary staff, so that the wards may never be left with a nurse of less than that standing—one of these "nurses" to be "head nurse," the other two to alternate night and day duty every three months; the probationers' hours to be from five A.M. till half-past four P.M., thus providing the night nurse with assistance during the working hours, and giving excellent training to the probationers.

I am glad to say that the nurses engaged under the old régime are thoroughly appreciating our efforts for their advancement, and are largely availing themselves of the opportunity for instruction, and are relieved from duty for this purpose. Of course, it is a temporary inconvenience, but the ultimate good to be obtained compensates for that; and I must here offer a word of thanks generally to our nursing staff. A transition period is always a trying one more or less, but their hearty good-will and manner of meeting slight difficulties has made my task an easy one.

Our medical staff also, past and present, have given us the greatest encouragement and impetus to go on striving to obtain a higher standard of efficiency, and it is to them we look for assistance in the further developing of our scheme,—viz., State recognition with its fixed curriculum.

It has been remarked to me that, in seeking to obtain a "standard of education" for women wishing to qualify as nurses, we are losing sight of the *morale* or character of the nurse, and seeking only professional skill.

One advantage of the classes is that the matron, during the time that they are being held, comes into close contact with the pupils, and has an opportunity of forming an idea of the character and disposition of each (individually), and can make her selection accordingly.

In the event of legislation being obtained, there would be a register published annually, stating a nurse's qualifications; and in the event of her committing any flagrant act against the recognized code of morals, her name would be struck off the register.

Others again suggest that a State regulation of a nurse's curriculum would interfere with the power exercised over the "nursing staff" by hospital authorities. I cannot see how this could be. All that the crown would do would be to regulate the instruction given and the class certificates to be held before entering the wards of a hospital, the time spent in hospital also to be fixed by the State. During the time spent in the wards she would be fully under the control of the hospital authorities, and would in no way interfere with the discipline of these institutions.

Those nurses who wish to make "specialists" of themselves I would advise to take general training first, and supplement it by special training. The many complications arising in illnesses of all kinds are best met by one who, from her general knowledge, has some idea of what to expect, and she will have more resources than one suddenly confronted with the unexpected.

The facilities, "as a rule," for training for special purposes are limited.

In the event of a compulsory form of education being introduced, with its examination and diploma, it would be necessary to consider the position of those nurses already in practice. Probably this might be met by placing them on the register with some distinctive title indicating the degree of qualification. "Graduate in nursing" appears a fitting title for one fully qualified to practise the art.

These remarks are crude, and only given with the idea of calling forth discussion. It is by this means we can gather up the different aspects of the question. No two people take exactly the same view of things.

THERE is a society continually open to us, of people who will talk as long as we like, whatever our rank and occupation—talk to us in the best words they can choose, and with thanks if we listen to them. And this society, because it is so numerous and so gentle, and can be kept waiting round us all day long, not to grant audience, but to gain it,—kings and statesmen lingering patiently in those plainly furnished and narrow anterooms, our bookcase shelves,—we make no account of that company, perhaps never listen to a word they would say, all day long! Will you go and gossip with your house-maid or your stable-boy when you may talk with kings and queens; or flatter yourself that it is with any worthy consciousness of your own claims to respect that you jostle with the common herd for *entrée* here or audience there, when all the time this eternal court is open to you, with its society wide as the world, multitudinous as its days, the chosen and the mighty of every place and time?—JOHN RUSKIN.

EVERY duty we omit obscures some truth we should have known.—JOHN RUSKIN.

PROGRESSIVE MOVEMENTS

IN CHARGE OF

LUCY L. DROWN

THE BOSTON CITY HOSPITAL NURSES' CLUB

By EMILY O. BOSWALL

We owe the inception of the Boston City Hospital Nurses' Club to the efforts of the Hon. Henry H. Sprague, chairman of the Training-School Committee, and to Dr. G. H. M. Rowe, superintendent of the hospital.

The outcome of their deliberations on the subject was the sending of a circular letter, in November, 1891, to the widely scattered graduates to ascertain their attitude towards the formation of a club.

This circular letter, signed by the Hon. H. H. Sprague, Dr. G. H. M. Rowe, and Miss Lucy L. Drown, the superintendent of nurses, set forth in detail the advantages and desirableness of such a club as their intentions projected.

To this circular letter were appended three questions:

"Question 1. Are you so situated that you generally or occasionally will attend the meetings of a nurses' club?

"Question 2. Are you in favor of establishing a nurses' club on the above general basis?

"Question 3. Will you join such a club if it be organized?"

Answers were requested by December 1. Numerous and hearty were the responses received to the letter, showing that the efforts of the promoters of the scheme were deeply appreciated by the graduates. Answers came from the women who had done the pioneer work of the Training-School, as well as from the later grades.

We quote verbatim from the report of the first meeting:

"January 5, 1892, forty-five non-resident graduates and fifty resident nurses of the Boston City Hospital Training-School for Nurses met in the parlors of the Nurses' Home to consider the expediency of organizing an association or society, to be composed of the Training-School nurses, with the view to encouraging and advancing their various interests. The meeting was called to order by Dr. Rowe."

Quite a number of the graduates had written to wish the club success, though for various reasons they were not able to attend its meetings.

Dr. Rowe set forth the aims and projects of the proposed club, talking along the lines of the circular letter, the key-note of his remarks being *esprit de corps.*

The nurses, being well-assured of the support and countenance of the hospital authorities, unanimously voted for the formation of a club.

The constitution, most comprehensive in detail and faultless in construction, was read and adopted. It has served for nine years. I do not think there has been an amendment added, a by-law adopted, or one of its provisions questioned.

Section 1 reads: "The Club is established for the benefit of the graduates and nurses of the Boston City Hospital Training-School for Nurses, and shall be called the Boston City Hospital Nurses' Club."

Undergraduates may be members, as well as graduates, signing the roll and attending the meetings being the requirements for membership. A member may invite a visitor, with the permission of the president. The constitution provides for the reception of honorary members, of whom Miss Linda Richards is one.

It was decided to meet at the Nurses' Home the first Tuesday in each month from November to May inclusive, the hour of meeting to be eight P.M., as at that time the day nurses of the hospital are at liberty.

All officers are elected by ballot except the president. The constitution reads: "The superintendent of nurses for the time being shall be president of the club." We have been fortunate in having the same president since our beginning.

It has been customary to select the first assistant superintendent of nurses for vice-president, and a graduate, resident in the hospital, for secretary. The reasons for this choice are apparent. The president and the secretary are, *ex officio,* members of all committees. We have had frequent changes in the vice-presidency, as the assistant superintendents of nurses leave one after another to take charge of hospitals. There have been four secretaries, and one of these served ably for over five years.

As there is no expense, except that which is voluntarily assumed, there is no treasurer. Our expenses are usually limited to the postal cards announcing the subjects for discussion on the several dates of the club meetings. At first a card was mailed monthly to each member, but now there is a printed programme for the season. One of these announcements mailed to each member puts her in touch with the work for the winter. Occasionally we have an illustrated lecture, and we meet the charges contingent to having stereopticon views. A collection

taken at some well-attended meeting generally produces funds enough for the expenses of the season.

The hospital provides the place of meeting and light refreshments. The supper is served by the resident graduates, who act as hostesses and give the tone to the after part of the meeting.

The various committees are composed of non-resident and resident members in due proportion. The date of graduation is always considered, so that earlier and later graduates meet intimately.

Nurses who are doing private nursing who have been elected to serve on some committee may be out of town on long cases, and thus be unable for a time to attend to the duties devolving on them. But they find when they do appear at club, the first Tuesday in any month from November to May, that their resident colleagues have ably attended to their several affairs, and there need be no regret for unavoidable delinquencies. All the appointments, elections, and arrangements tend towards permanency. The prevailing conditions are duly considered each year by the Nominating Committee.

Under our paternal government we flourish. Our meetings are pleasant and well-attended, except during seasons of epidemics. Then the non-resident members are decidedly in the minority.

The meetings of the club were held in the parlors of the Nurses' Home till we overflowed our boundaries. Then we gathered in a waiting-room of the Out-Patient Department. This latter place, while lacking the homelike appearance of the parlors, and perhaps to some degree interfering with the social intercourse, proved more satisfactory from an acoustic point of view, and gave a more business-like appearance to the meetings. The "cups that cheer but not inebriate" are always in evidence, and no nightmare may be credited to the refreshments served. It is now proposed to hold the club meetings in the spacious reception-hall of the Vose House, the new Nurses' Home. This home was made possible by the benevolence of Madam Vose, whose memory will live long and keep green in other hospitals besides the Boston City Hospital. The cheeriness of the surroundings in the reception-hall should certainly provoke displays of wit and wisdom, and insure a brilliant season to the club for 1900-1901.

During the nine years of the club's existence we have had papers on every subject pertaining to the nurse. We have considered her attitude to the patient, to the family, to the domestic, and last, but not least, to the physician. We have discussed everybody's attitude to the nurse; her clothing, on and off cases; hospital uniforms; her diet when she provides for herself and when she has to eat what others provide. We have decided what is best for her to do for recreation in the allotted time

off duty, in the waiting between cases, and in the vacation period. We have considered her preparation for entering a training-school, her varied life in different hospitals, her itinerant ministry after graduation, and the progressive methods of nursing which tend to keep her on a plane with the modern nurse.

We have had letters from one of our graduates, who is now an English army nurse. Perhaps the Sphinx looks solemnly down on her training-school badge, which she lost in the sands of the Egyptian desert, and wonders where the Boston City Hospital may be.

We hear from another graduate who is doing district nursing in London, and see how her work differs from the district nurses' work in Boston and in other American cities.

In the winter of 1898-1899 we had personal reminiscences from Montauk Point, Chickamauga, Chattanooga, Fort Myer, Fortress Monroe, Tampa, and Cuba. We have letters from our graduates in Manila. We feel in touch with the world, but the fate of our missionary nurse in China is unknown.

Members of the visiting staff of physicians and surgeons have kindly given pleasant and profitable lectures, ranging from professional subjects to foreign travel. The superintendent, Dr. Rowe, has on several occasions provided the entertainment for the evening. When the occasion seemed to demand it, the club has had the use of the hospital amphitheatre, a lecture illustrated by stereopticon views being more effective there.

It would not be right to close this paper without mentioning the annual Christmas gathering at the Nurses' Home. This is older than the club, but is now a feature of it, and sometimes it takes the place of the January meeting. This gathering of the graduates is always of a social nature, and takes place sometime during Christmas week. The attire is more elaborate and the refreshments of a more festive character than at the usual monthly meeting.

The responsibility of sustaining and carrying forward the aims of the founders of this organization rests upon the present and future members of the school and the honorable body of graduates.

PROPHYLACTICS

IN CHARGE OF

MARY M. RIDDLE

FOR BETTER PROTECTION

In the need of better protection of the public, that there may be less scourging by the dread epidemics of infectious diseases, all trained nurses may find some opportunity for the realization of their ideals.

Such ideals were very possibly the forces whereby they found their places in the ranks of nurses, and were but vaguely expressed in the desire for usefulness.

Even those idealists who rightly or wrongly became convinced during the period of their training, and suffered disappointment in the belief that machinery has triumphed in our hospitals over the impotence of the individual, may here find scope for their powers.

The facts that the way is long and tedious, the process laborious, and the results not always tangible should not deter us from putting forth every effort and utilizing every means in our power to lessen the spread of infectious diseases.

You ask, "How can this be accomplished?"

We answer, "In many ways."

It may be accomplished largely by the practice of those precepts so faithfully taught in all our large training-schools, and which relate to scientific methods of disinfection, sterilization, and isolation. It may be furthered by the isolation and proper precautions that nurses impose upon themselves.

In none of these have we failed, but too often we forget to sow the seed of knowledge and thoughtfulness which shall spring up and bear fruit—even a thousand-fold.

How many have corrected the idea that "scarlatina" is a less infectious disease than "scarlet fever," and therefore its care demands less of precaution than a typical case, by the explanation that while it may be a mild form, its infecting principle is the same as that found in serious cases, and the necessity for isolation and disinfection is equally urgent?

How many, upon hearing of a "scarlet rash" in the neighborhood or among friends, have said, "That is dangerous. You owe it to the

community in which you live to keep that person from contact with others until such time as a thoughtful medical practitioner pronounces him safe to mingle with his kind"?

How many nurses are now clinging to the old belief that scarlet fever is not infectious until desquamation has fairly set in, and how many know the precise moment when desquamation begins?

How many realize the fact that certain articles, as books used by persons isolated for these mild attacks, are incapable of thorough disinfection, and therefore should be destroyed?

We know of no means whereby books may be rendered safe unless it may be by heat, and that destroys them. The fumes of formaldehyde, a thorough surface disinfectant, will not do it unless each page be separately exposed to its influence, which is practically impossible. Borrowed books ought never to find their way to such patients unless their return to the owner is not expected.

It is a plea for more thorough precautions in the care of mild cases of infectious diseases that we would make. There will always undoubtedly be harm done and epidemics started by unrecognized cases, and it may be that no one is blameworthy at the time unless those who should be vigilant fail through ignorance, which is always blameworthy in one who assumes responsibility.

Certainly no trained nurse, with all her wealth of practical experience, text-book instruction, and teaching in the lecture-room, can be excused if she fails in any particular.

NOTES

Since it is an established fact that the virulence of the tubercle bacillus is best maintained in the dark and does not develop well in the sunlight, it follows that all places frequented by persons suffering from tuberculosis should be flooded with sunlight, which is said to kill the germ within a period of time ranging from a few minutes to several hours, according somewhat to the amount and the manner of exposing the collection to its influence.

Evil habits often follow the use of sedatives for sleeplessness. Would it not be better to discover the cause of sleeplessness and treat that?

If caused by stimulating drinks, as tea or coffee taken at or near bedtime, avoid them; if caused by want of food, let some light nourishment be taken before retiring for the night; if due to an overwrought nervous system, possibly a little calm reading, of a nature not exciting, would have the desired effect. In some people, especially those that are anæmic, cold feet at night may prevent sleep; for these a hot-water

bottle and the envelopment of feet and legs in flannel should be used. In persons having a sluggish circulation, a little hot beef-tea or hot milk taken upon going to bed may have the desired effect.

It is said that nocturnal enuresis may be prevented in children by the simple expedient of elevation of the pelvis. The elevation is obtained by allowing the child one flat pillow for his head and placing one or two under the pelvis. This plan works especially well with older children, but young children require considerable watchfulness on the part of the mother or nurse in order to keep them in position. Limiting the amount of liquids taken by children thus afflicted will aid greatly in overcoming the difficulty.

The odor of iodoform may be removed from the hands of the surgeon or nurse by rubbing them with a teaspoonful of vinegar after soap and water have been freely used.

Aqua ammonia will remove stains on body or clothing made by tincture iodine.

To remove stains and discolorations from glass catheters, douche tubes, and syringes, put them in a basin of water with two drachms of lysol (two per cent.) and boil for one-half hour or more.

The odor of soda wash (chlorinated soda) may be removed from the hands by first washing them in cold water without soap, then rinsing them with a little spirits ammonia aromatic.

Keeping a child's nasal passages clean will often prevent mouth breathing.

Sponging a baby's head with cold water after the morning bath acts as a preventive of cold in the head.

Do not use too strong a solution of sodii bicarb. or of sodii borat. for washing mouths, as a condition of "dry moisture" may result. "Dry moisture" is the apt description of an Irish nurse. This also applies to rubber nipples, which may be made very distasteful to a baby.

Cold cream on the patients' lips before the administration of ether adds much to their comfort.

Glycerine is very irritating to the skin of some people, and more so to their mucous membranes. Keep this in mind when glycerine suppositories are ordered, and especially when glycerine enemata are to be administered. One patient characterized a glycerine suppository as a "burning coal."

It may be local irritation, not temper, which causes some children to scream and kick.

On a case of appendectomy in which a wet dressing was used, and there was fecal discharge for six months, the nurse found that washing the patient's back with solution of corrosive sublimate 1 to 2000 or 1 to 3000 prevented bed-sores. This was done twice a day. The same result may be obtained by the use of olive oil.

The teeth call for special attention in contagious diseases. No nurse can be said to be strictly aseptic whose teeth are in a condition of decay or whose buccal cavity is otherwise unclean. For the former, the attention of a dentist is required, while an antiseptic mouth-wash should be freely used for the latter.

Three Italian doctors have been making an experiment to free a certain locality of mosquitoes. Their method is to saturate the surrounding pools with chlorine and petroleum twice a month. The chlorine is supposed to destroy the mosquito, and the petroleum the larvæ. If successful, the method might prove a great blessing to any locality infested with these pests.

In order that surgical operations may be successful from an aseptic point of view, they must be conducted with constant reference to the minutest details regarding precautions. The attention perhaps cannot be wholly concentrated upon the details of aseptic precautions during an operation, consequently there are many breaks in the technique, often with disastrous results. The habit of taking precautions should be so strong upon the nurse that their practice becomes second nature. In other words, *she should do by instinct* all things necessary for the exclusion of disease-producing bacteria. She should not only do all things necessary, but she would do well to practise more than is simply necessary by forming a habit of taking such precautions as may seem trivial or even superfluous, thus avoiding the necessity for decision regarding trifles while the operation is in progress. If precautionary methods are to be instinctive, does it not follow that they must be constantly practised? Do even our large hospitals furnish the means for such thorough training of all their nurses? Is not herein the cause of failure on the part of many accomplished nurses when they essay to assist at surgical operations? Would it not be possible to meet the defect by class drill in the large hospitals? If public-school children can be taught by fire-drills to meet emergencies in that line, then why may not nurses be taught in a similar manner to take necessary aseptic precautions in real operations?

CONSTRUCTION, SANITATION, AND HYGIENE

IN CHARGE OF

M. E. P. DAVIS

A DESCRIPTION OF THE PROPOSED NEW LAUNDRY OF THE UNIVERSITY OF PENNSYLVANIA HOSPITAL

WITH SPECIAL REMARKS AND EXPERIMENTS UPON DISINFECTION IN CONNECTION WITH THE WORK OF HOSPITAL LAUNDRIES*

By A. C. ABBOTT, M.D.

First Assistant in the Laboratory of Hygiene, University of Pennsylvania, now Professor of Hygiene, University of Pennsylvania

(*From the Laboratory of Hygiene, University of Pennsylvania*)

(Concluded)

From these experiments it is manifest that chemical disinfection carried on at a temperature not exceeding 100° F. is to be preferred, and that all efforts at disinfecting these articles by heat in any form whatever must necessarily result in permanently fixing the stains. If it is proposed to rinse out the stains prior to subjecting them to the disinfecting action of steam or boiling water, it is evident that the process of rinsing must be carried on at a time when some, at least, of the articles are capable of causing infection. Another advantage in favor of this method is that it does not require the employment of a disinfecting apparatus, an advantage readily appreciated by those having access to such a plant.†

For larger objects, such, for example, as mattresses or outer wearing apparel, the method of chemical disinfection is obviously not applicable, and only steam should be employed. Much has been said in regard to steam disinfection and the requirements of the apparatus designed for this purpose, but, unfortunately, it has been of such a character as to leave the impression that a steam disinfector is necessarily a complicated

* Read at the International Congress of Charities, Correction, and Philanthropy, Section 3, 1893.

† Samples of materials of different character that have been stained with blood and with fecal matters, and subsequently treated by the chemical methods just referred to, accompanied this paper. Each sample was labelled, and the results of the various methods could be seen.

and expensive apparatus, and in order that all theoretical requirements be fulfilled perhaps it is, but a boiler-iron cylinder of the necessary capacity, placed horizontally, with swinging doors at either end, an inlet for steam at the top, and a valved outlet for air and water of condensation at the bottom will be found to answer all practical purposes providing it is intelligently operated, and no hospital laundry is complete without such an apparatus.

In size it should be capable of accommodating at least two or three mattresses or their equivalent bulk of clothing. It may be either circular, oval, or rectangular in cross-section, and should be located horizontally in a room especially provided as a disinfecting chamber. It should be provided at either end with a door that when closed can be clamped, and the joint thus practically hermetically sealed.

It should stand in the disinfecting room in such a way that only one end is accessible from the room, while the other end can only be opened from the laundry, there being no communication between the disinfecting room and the laundry except through the disinfector, which will always be closed, unless for the removal of articles disinfected or the reception of articles to be disinfected.

It is sometimes undesirable to place an apparatus of this size in operation for the disinfection of a few things from a single patient, and in this event, if heat is insisted upon as the method to be used, a covered metal caldron of forty to sixty gallons' capacity, provided with steam coils, so that the water contained in it can readily be brought to the boiling point, will be found of great convenience.

There is no doubt that some or perhaps all of these directions will be called into question because of their not taking into account certain theoretical details that are considered necessary in order that disinfection may be complete.

Disinfection as practised upon such resistant test objects as the spores of the bacillus anthracis might possibly not be complete if attempted by any of the methods that have been recommended in this paper, but it is seldom that objects of this character are to be dealt with in ordinary hospital work. The infectious agents requiring most frequent attention in hospitals, such, for example, as clothing soiled with dejections of typhoid patients, the soiled clothing from diphtheria and tuberculosis patients, and the articles from surgical cases will readily be rendered safe by any of the methods here recommended.

DISCUSSION.

Dr. J. L. Notter, of Netley, England.—There are one or two points I should like to be very clear on, and that is the use of terms.

The term "disinfectant"—there is no more misused word than that. What do we mean by disinfectant? We mean some chemical agent which destroys specific poison. Now it is not to be confounded with an antiseptic; and the mere staining of clothing, which I take is the principal object of exhibiting these samples here, which is the result of chemical action itself, whereby albuminous substances which are thrown out in the discharge have been coagulated by the application of heat, is of little importance. The simplest method when you have a discharge to deal with is to receive the sheets or clothing into a solution of mercuric chloride, then subsequently treat the articles in the ordinary way. It is not the chemical action that causes these stains; they are simply produced by heat; it is the fixing of the albuminous compound in the infected clothing due to the discharges.

Now as to the question of disinfectants. Too much reliance has been placed upon them; that is my own personal experience. Disinfectants are good, but cleanliness is better. When I go into a hospital and smell disinfectants I am suspicious. The best destroyer of infected matter is one-half an ounce mercuric chloride, two or three ounces hydrochloric acid, and three gallons of water. The addition of hydrochloric acid prevents the mercury from doing any damage.

As to carbolic acid, I have carried on a great number of experiments. It is useful in some cases, but you must have it in not less than five per cent. solution.

I used in India for the destruction of the cholera bacilli five per cent. carbolic acid, and found it a fairly good disinfectant; but we preferred the mercury in the acid form for the typhoid.

As regards heat. Now, disinfecting chambers are not always available. Wherever they are available they should be used. Not only is it desirable for the clothing, but for the beds and bedsteads, and for everything with which the patient comes in contact that may require steam or atmospheric pressure to destroy any germs which it may contain.

These are, I think, the principal points that are dealt with. I must strongly recommend caution about accepting the results of experiments and thinking you have destroyed contagion simply because you have taken out the color. My own experiments do not lead me to place value of any consequence upon chloride of lime.

Dr. Billings.—For the disinfection of cloth, bedding, towels, and everything that can be boiled without injury the simplest and most certain method is to boil them. But if clothing soiled with blood and discharges from wounds or from the intestinal discharges be allowed to dry,

and is then put into boiling water, a permanent stain or discoloration will be produced. The articles to be boiled should go to the laundry without being allowed to dry. If soiled articles are put into cold water for two hours without any chemicals, the pigments will soak out, and then you can put them into hot water, boil them, and thoroughly cleanse them without fixing a stain.

In a great hospital receiving cases of typhus and typhoid fever and other infectious diseases the general laundry received bedding and clothing from all such cases, and these articles are washed, rubbed, and boiled together, yet there has never been a case of infection known to be traceable to the articles treated in the laundry. I believe that there is no danger of infection in a hospital laundry where everything goes in together—the clothing of the doctors, nurses, and patients. But there is a feeling of repugnance to such a mixture which I think should be recognized, and in every large laundry it is recommended, as in this paper, to have the articles of the physicians and attendants go to a separate laundry for treatment. Keep the washing of the sick person separate from the washing of the others, but not by reason of any bacteriological necessity, because it cannot be defended on that ground.

PATIENCE

NOT in the sense that we use it,
Not in the bearing of trifles,
Not merely enduring the evils
That come to our lives and distress us,
But with a far wider meaning
Comes this word PATIENCE home to us;
Showing that throughout our lifetime
Must there be strong, steady waiting;
There must be power of staying,
Regardless of things that perplex us;
Knowing this will at last bring us
Unto the goal that we long for.

—*Selected.*

HOSPITAL AND TRAINING-SCHOOL ITEMS

IN CHARGE OF

LINDA RICHARDS

THE trustees of the proposed State Hospital for the Treatment of Incipient Pulmonary Tuberculosis presented their first annual report to the State Board of Charities November 30. The trustees state that they have examined twenty-six sites in the Adirondack region for the hospital, but that their choice of a site was narrowed by their desire to reduce the amount of truckage necessary in the construction and maintenance of the hospital, and to place the institution within a mile of a railway. They then state:

"Several sites were visited three and four times, and at the end of September, at a meeting held at Albany, the trustees selected a site at the west end of Lake Clear in Township 21, in the county of Franklin. By the terms of Section 7 of the act incorporating the institution, such site is subject to the approval of the State Board of Health and the Forest Preserve Board. The Forest Preserve Board visited the site, as did also Dr. Daniel Lewis, the president of the Board of Health. A public hearing was held on October 11 by these boards of approval, but no decision has yet been rendered."

Both the boards plainly intimated that they thought two or three sites should have been presented for their approval, and an examination of a site near Clinton Prison, at Dannemora, in Clinton County, was suggested by them, both from the conviction that the site would be a good one for a hospital for consumptives, and a belief that the labor of convicts could be used in the construction of the hospital buildings, and expense could thus be reduced. The report of the trustees concludes as follows:

"The appropriation this year granted to us by the Legislature under the act of incorporation was fifty thousand dollars. The only expenses of the institution so far have been the travelling and other expenses of the trustees. We hope that the site may be purchased for from ten thousand dollars to twelve thousand dollars. More or less of the appropriation will be expended this autumn in making roads, clearing the ground, preparing reconnoissances, surveys, and making preliminary excavations, but certainly some part of our appropriation will remain unused. As to the

amount required by us for operating expenses next year, it may be said that there is so little probability of the hospital being ready for the reception of patients before next autumn at the earliest that we need only ask for a small amount, and this amount is rather in the nature of a precaution. But we think that the sum of twenty-one thousand six hundred dollars should be set aside as a precaution for the maintenance of the hospital during the months of October, November, and December in case it should be ready for patients by that time. In regard to the amount to be appropriated for the construction of the hospital by the next Legislature, we are of the opinion that a hospital cannot be built and equipped under two hundred thousand dollars, and we may add that our opinion is formed from information given to us lately by the State Architect. The preliminary plans for the hospital are now being prepared by Mr. Heins. It is our purpose to submit copies of these plans to a number of prominent medical men of America and Europe for their criticism and suggestions, so that when they are laid before you they will present the result of the best medical expert judgment that we can obtain."

The Albany Hospital Training-School for Nurses, Albany, New York, had a benefit given in its aid by the patronesses of the hospital. The entertainment took place at Centennial Hall, Wednesday, December 12. It was a "portrait show" of famous paintings from old masters, for which a number of society women and young people posed. This effort to add funds to the resources of the hospital for the special benefit of the nursing department, including minor utilitarian needs of the wards, directs attention to the Training-School, which essentially underlies the success of every phase of the Albany Hospital's work. As this hospital is among the finest institutions of its kind in the United States, so the young Training-School is taking rank with the best educational institutions for nurses.

It is a liberal education in the humanities to realize what the trained nurse means to the hospital patient—this quiet, capable person, who wears outwardly the white cap and apron in token of her office, and in her heart the spirit of service to others. But the public in general knows little of the trained nurse, except as they catch a glimpse of her pink-and-white uniform and her bright face in the hospital corridors on visiting day. There are sixty of her in the Training-School and Nurses' Home, a busy world of earnest women. Her story in Albany is still brief enough to be novel. The school is only four years old. It was founded by Miss Emily MacDonnel, graduate of Johns Hopkins Hospital Training-School, and the school to-day in its equipments and work is second to none in the country.

The public has a proprietary interest in both hospital and Training-School. Generous philanthropy has made both possible. The Nurses' Home bears record of this in bronze upon its walls.

"'The Son of Man came not to be
Ministered unto, but to minister.'
In loving memory of
Helen Franchot Douw Lansing
This tablet records
The gift of a friend towards the
Erection of the Nurses' Home."

Therefore as a public institution the Nurses' Training-School renders its accounts and tells its needs in its annual reports, some of which this year have grown very pressing. The Nurses' Home was built to accommodate forty-seven inmates. It now finds room for sixty. The reception- and audience-rooms have been utilized for dormitories, precluding possible social life. Even morning prayers must be said in the corridor for lack of a proper place. This home occupies a pavilion opening from the corridor at the left of the main building. Here the nurses must eat, sleep, study, and spend their hours of rest or recreation.

The latest addition to the curriculum of the three-years' course is the diet-kitchen, opened about December 1 by Miss Huggins, a graduate of Drexel Institute, Philadelphia. The kitchen when fully equipped promises to be very complete. The course of training, besides the usual lectures by members of the medical staff and recitations by the superintendent of the school, includes practical experience in district nursing, and a registry for nurses is established. The hospital wards are in charge of graduate nurses, so that in practical work the best of instruction is given. An appeal is made for funds to provide accommodations for the increase of nurses, and also for Upper C Ward to provide couches for convalescent patients, and other small items necessary to the well-being of the institution.

The Gouverneur Hospital, New York City, is ready for occupancy, though patients are not to be admitted earlier than the first of the new year. The new hospital is fitted without regard to expense. Everything which human ingenuity and foresight can do for the comfort and care of patients has been provided.

The building itself cost two hundred thousand dollars. The accommodations are limited to one hundred and fifty patients. The building is L-shaped, the long arm of the L being used for the wards, of which there are four. The greater portion of the wing is utilized for the accommodation of doctors and nurses.

Every room in the building has a telephone and a thermostat regulating the temperature. Every bath-room and lavatory is paved with encaustic tiles and sheathed to the ceiling with the finest of marble. In no ward is there an article of wooden furniture, all is of white enameled metal. Attached to each ward is a small kitchen with a pantry opening from it. The china- and glass-ware are of the most expensive description, and each piece bears the monogram of the hospital.

On the ground floor are the general offices, laboratory, X-ray room, Medical-Board room, children's wards, accident-room, and sewing-room. On the second floor is the nurses' sitting-room, the most conspicuous feature of which is a magnificent grand piano. The furniture is of massive quartered oak upholstered in red leather. On this floor also are nurses' sleeping-rooms, all very handsomely furnished. The doctors' quarters on the third floor are similarly furnished. The rooms of the superintendent, chief nurse, and house-surgeon are much more handsomely equipped. The top floor of the building contains the operating-rooms and kitchen, all fitted with the latest and most approved accessories.

THE graduating exercises of the class for 1900 of Smith Infirmary, New Brighton, New York, took place on the evening of November 16 at Hotel Castleton. The evening was a very pleasant one, and a good audience assembled to meet the class.

The trustees and Woman's Auxiliary occupied seats at the front. A stage prettily trimmed with flags and palms was erected at one end of the ball-room, and the effect was very pretty as the members of the school (all who could be spared from duty) marched in, led by Miss Twitchell, the superintendent, accompanied by her assistant, Miss Barnhardt, and followed by the graduating class, nine in number.

The nurses took their seats on the stage, and the exercises were opened with prayer by Rev. J. C. Howard; then Miss Twitchell gave her annual report of the school as well as considerable information regarding what many of the graduates are now doing.

Dr. Wisner R. Townsend, of Manhattan, then gave the address of the evening, and was listened to with a great deal of interest by all present, after which Rev. Howard gave a very interesting sketch of hospital work in former times. Mr. E. C. Bridgman, secretary of the Board of Trustees, then distributed the diplomas and medals, and Mr. W. S. Jones kindly sang in a very impressive manner that always enjoyable song, "The Palms," after which the young ladies and their friends passed a couple of hours very pleasantly in social intercourse and dancing, piano music being furnished by Miss Nellie Hillyer.

THE annual graduating exercises of the Kings County Hospital Training-School for Nurses, Borough of Brooklyn, took place at the chapel of the hospital on November 4.

The first prize, of fifty dollars in gold, for the best all-round nurse, was awarded to Miss Ella M. Wilson. Five other prizes were hospital positions as head nurses at thirty dollars per month, which were won by Miss Mary Gillen, Miss Rosalind L. Rood, Miss Margaret McCormack, Miss Margaret McDiarmid, Miss Alice E. Clarkson.

Hon. A. H. Goetting, Commissioner of Public Charities, Boroughs of Brooklyn and Queens, addressed the graduates, thanking them for their excellent and intelligent ministration of the poor and suffering confided to their care. Dr. A. T. Bristow followed, and counselled them to walk worthy of the profession they had chosen.

Presentation of diplomas by Dr. Duryea, superintendent of the hospital, then followed, and in a few well-chosen words he told the graduates they might each feel assured that she had fairly won and deserved the parchment which vouched for her.

Miss Ella M. Wilson was valedictorian.

A hospital badge was chosen for graduates, and the words "A friend of the human race" were adopted as the motto.

At the close of the exercises a reception was held in the hospital for the graduates and their friends.

THE annual harvest-home festival of the Bethesda Institution, 3815 Vista Avenue, St. Louis, Missouri, was held on the afternoon of December 1. The work, which was begun very quietly eleven years ago, has had constant growth. The report of the president shows that seven hundred and twenty-four persons have been cared for within the past year.

The festival included the opening of the new home for incurables on the east side of the large tract of land owned by Bethesda. The splendid three-story brick building has been donated by Mr. R. M. Scruggs, who not only gives the structure complete, with its handsome porch, its many rooms finished in fine oak and fitted with electric lights, all the latest sanitary appliances, and every convenience for hospital work, but he has also furnished the building, excepting a few rooms which other persons requested the privilege of fitting up. Every ward is ready for occupancy, the linen-closets are well filled, and the dispensaries fully stocked. Mr. Scruggs's charity extends also into the past. His gift of a building for contagious disease has for some time stood in the rear of the Foundling Asylum, and his benevolence it was which secured the land on which both infirmary and hospital stand. The incurable patients will soon be moved into the new home.

CLEVELAND business men are interesting themselves in the erection of an immense hotel and sanatorium at Green Springs, Ohio, a point about seventy miles from Cleveland. The plans call for a building which will lead in health resorts in this part of the country.

Green Springs has for forty years been known as the place where one of the richest medicinal springs in the land is located, and each year many people have gone there for treatment. Dr. A. J. McNamara, for three years identified with the Newburg State Hospital, is at the head of the undertaking, and he will assume the management of the place when it is completed. The business men associated with him are from Cleveland, Columbus, Toledo, and Cincinnati. The plans are being prepared and the building will contain two hundred rooms. The equipment will be the most modern, and every attention will be paid to details. There are two hundred and seventy acres of land in the tract which has been purchased. There will be an artificial lake, and a handsome casino will be erected. There will be billiard-rooms and bowling-alleys. The bath-houses will have glass roofs to permit of sun-baths. All about the immense place will be delightful walks and drives. Work is to be commenced immediately.

THE town of Gheel, in Belgium, is a town where simple-minded people dwell in peace with each other and the world at large. It is the home of about fifteen hundred lunatics, who are taken as lodgers by the townsfolk, all dangerous cases being passed on to the outlying villages, Gheel harboring only the harmless. The treatment of the patients is novel, cure being due to the kindness and tact of the townspeople.

The fees for taking the "innocents," as they are called, vary from eighty dollars to six hundred dollars a year, according to the manner in which the patient is kept. No matter what he pays, he is always the spoiled member of the family. The patient is always given the arm-chair, the best seat at table, and enjoys the most attention, so that he grows to value the esteem in which he is held to such an extent that he will make the greatest efforts to control himself lest he should forfeit his privileges. The spectacle is curious, and a visit to Gheel is almost as strange as Alice's visit to Wonderland. The tenderness and good will shown to the simple-minded folk and the entire absence of restraint would astonish our latest and most up-to-date asylum managers. There are not only many cures, but during treatment all the patients are happy and enjoy life.

THE Hard-Toilers' Club, composed of one hundred members, all colored men employed in the packing-houses of St. Joseph, Missouri, has

inaugurated a movement to establish a hospital in that city, and the initial steps have been taken by securing an option on a building suitable to the purpose.

The club proposes to raise funds by giving entertainments, and will not resort to the plan of soliciting from individuals. The members say that for every dollar secured they wish to give value received, and condemn the plan of begging. When one hundred dollars have been raised they will employ a matron and open the institution. They have been assured of some assistance by a prominent citizen as soon as they prove that they are in earnest in the matter.

The proposed hospital was suggested by D. K. Echols, who started a scheme of the same kind in Kansas City, and who has seen the institution grow until it is now self-supporting. The plan on which the St. Joseph Hospital is to be conducted is similar to that of the one in Kansas City. White physicians are to be employed and all races will be admitted as patients. The first entertainment in aid of the fund was given on Thanksgiving evening, at Echol's Hall, South St. Joseph.

On the evening of December 7 six colored women, graduates of the Colored Home and Hospital Training-School for Nurses, received their diplomas in the lecture-hall of the Academy of Medicine, 17 West Forty-third Street, New York City.

Never before in the Northern States has there been regularly graduated a class of colored nurses, the care of the sick of that race having hitherto been intrusted to white nurses. There are in the South two schools for the education of negro nurses. The graduating class consisted of Misses Grace G. Newman, Nettie F. Jarrett, Annie L. Marin, Gertrude Johnson, Margaret M. Garner, and Mrs. M. E. Harris.

Dr. Stephen Smith delivered the address to the graduates. He said he had been informed that the course through which the nurses in this school were taken was exceptionally thorough, and that the only thing left to complete its success was the way in which its graduates would undergo the test of practical nursing.

The Colored Home and Hospital is situated at Concord Avenue and One-Hundred-and-Forty-first Street. The school is two years old, and the course is two years.

Money is being raised to build in the Adirondacks a Sanatorium for Consumptive Women. The committee, of which Mrs. George F. Shrady is chairman, Mrs. William Burr secretary, and Mrs. James E. Newcomb treasurer, is making every effort to hasten the work and enlist the sympathy of the people to raise the necessary one hundred thousand dollars.

The committee has the refusal of five hundred acres of ground in a site which is considered one of the finest for this purpose in the Adirondacks. It is on the direct line of the railway and has a private station. The Sanatorium will be much after the plan of the Massachusetts State Hospital. There will be ten-room cottages with rooms on each side of a sunny corridor with a skylight. The inmates will be expected to pay what they can, or will be admitted free of charge. The institution will be non-sectarian. It will be under the direction of the following physicians: Dr. Francis Delafield, Dr. Edward G. Janeway, Dr. George F. Shrady, Dr. Charles H. Knight, Dr. Charles M. Cauldwell, Dr. Arthur G. Root, of Albany, Dr. Henry Hun, of Albany, and Dr. James E. Newcomb. Checks can be made payable to the treasurer, Mrs. Newcomb, 118 West Sixty-ninth Street, New York City.

Mr. J. P. Morgan's gift to the Society of the Lying-in Hospital, the fine new building nearly completed on the north side of Stuyvesant Square, is fully described in the annual report of the society. The basement will be devoted to the out-door work, the first story to the executive offices, the second to the nurses, the third to the septic department, and the fourth, fifth, and sixth stories to wards for patients, accommodating about two hundred patients. The seventh story contains the operating-room, laboratory, kitchen, and laundry, while the eighth is a continuation of the laboratory, with additional amphitheatre seats for the operating-room.

The births in this borough are one hundred and fifty per day. There are only two hospitals on Blackwell's Island maintaining wards where cases of childbirth are received, and the Emergency Hospital, in East Twenty-sixth Street, contains only thirteen beds, making, according to report, a total accommodation at the disposal of the city of sixty-eight beds for waiting women and fifty-six beds for women in childbirth.

The group of new buildings of the New York Hospital, New York City, were opened the evening of December 5. With the exception of the one-story structure to be used as governor's building, all are practically completed. The new group is just west of the older buildings on West Sixteenth Street. It consists of a ten-story building for private patients, a four-story dormitory for the hospital employees, and the governor's building, which is in the centre of the group.

The first floor of the private building is for administrative purposes. The physicians have their quarters on the second floor, the operating-rooms are on the top floor, and the rest of the building is for the patients. There are many single rooms and some suits of several rooms. Each of

the two operating-rooms on the top floor has its own separate suite of etherizing-, sterilizing-, and wash-rooms, and each has a separate ventilating plant. In the rear of the building for private patients there is an isolating department.

LEWISTON, Maine, is to have a new hospital. The Sisters' Hospital on Pine Street has long been unable to meet the growing demands, and a new one is about to be erected by its side. This work was established and is being carried on by the Gray Nuns. When finished this hospital will be one of the most complete in its appointments in New England.

Already the basement is in place. The work was commenced last August, and will be resumed in the early spring and pushed till finished. When completed the façade of the structure will be two hundred and six feet long, and the wing will be two hundred and four feet. The building will have a depth of forty feet. The cost of the hospital will not be less than one hundred thousand dollars. It will be equipped with all the improvements known to modern surgery, and everything will be the best of its kind.

PLANS for the Wage-Earners' Emergency Hospital building, to be erected at Harvard and Albany Streets, Boston, Massachusetts, have been filed with the Building Commissioner. Eventually the building will be seven stories high, but at first it will be carried up only two stories. The estimated cost of the first construction with the expense of site is one hundred thousand dollars. In the last twelve months twenty-nine thousand nine hundred and ninety-four dollars and ninety-five cents have been added to the hospital funds from certificates. The total receipts from all sources were fifty-one thousand four hundred and six dollars and sixty-three cents. There were sixteen thousand four hundred and eighty medical cases, and the average daily attendance in clinic was two hundred and ten.

THE report of the Columbus, Ohio, State Hospital for the Insane shows that a very large number of the inmates of the institution were, before becoming insane, farmers, laborers, housewives, or domestics. The trustees state that the capacity of the hospital is overtaxed, and recommend the construction of new buildings for acute and infirm cases. Each building, according to the recommendation, will cost fifty thousand dollars.

The average number of inmates for the year has been fifteen hundred and four, and the per capita cost of maintenance has been one hundred and forty dollars and fifty-one cents, a slight reduction over the cost in previous years.

THE graduating exercises of nurses were held at the University of Pennsylvania Hospital November 24. Thirty-one received diplomas and many friends were gathered together.

A very interesting address was given by the Rev. J. S. Dickson upon the continuance of Christ's healing touch through the medium of His faithful servants.

Dr. Martin gave an address from the medical point of view, and spoke of the danger of professional callousness.

At the end of the exercises Miss Macpherson, the superintendent, invited all the guests to partake of refreshments in her parlor.

IN New York City the charter revisers have proposed an amendment which provides that on February 1, 1902, the control and management of Bellevue Hospital, including its subsidiary hospitals, Gouverneur, Harlem, and Fordham Hospitals and the Emergency Hospital for Women, shall be taken from the Department of Public Charities and vested in a Board of Trustees appointed by the Mayor. Should this amendment become a law, the city hospitals will be under the same system of control as prevails in some other cities in this country. Similar methods of management exist in London and throughout the large cities of Great Britain.

A LINEMAN for the Eastern Telegraph Company was on December 8 taken to the Camden Hospital, Camden, New Jersey, with several vertebræ dislocated by a blow from a falling pole. Dr. Strack, the hospital chief, decided upon an experiment and acted quickly and successfully.

Four strong linemen, fellow-workmen of the patient, were called into the operating-room, and at the direction of the surgeon two men grasped the shoulders of the patient while the others seized the legs, and at the word of the doctor each pair pulled against the other with force. The vertebræ slipped into place.

CHIEF GOOD, of the Philadelphia Bureau of Health Councils' Committee, has recommended the appropriation of fifteen thousand dollars to provide rooms in the Municipal Hospital for the treatment of pay patients. The matter was brought before the Councils by the transmission by the Mayor of a communication from the Woman's Sanitary League to the Department of Public Safety concerning the necessity for such accommodations, and suggesting that the charge for a private room should not exceed twenty-five dollars a week.

A THIRTY-THOUSAND-DOLLAR annex for colored patients is soon to be built in connection with the City Hospital, Macon, Georgia.

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF

MARY E. THORNTON

CONGRESS OF NURSES

THE Committee on convening a Congress of Nurses met on Thursday and Friday, January 3 and 4, 1901, at the Post-Graduate Nurses' Club, New York City. There were present Miss Keating, Mrs. Robb, Miss Riddle, Miss Alline, Miss McDowell, Miss Dock, Miss Thornton, Miss Walker, and Miss Banfield. Miss Keating was made temporary chairman. The provisional secretary, Miss Dock, reported on the preliminary work of sending announcements and invitations. Letters asking for delegates have been sent to the following organizations:

In the United States, to the Spanish-American Order of War Nurses, the St. Barnabas Guild, and all individual alumnæ, clubs, and associations; in Canada, to the alumnæ and to the Victorian Order of Nurses; in Great Britain, to the Royal Navy Nursing Service, the Army Nursing Service, the India Nursing Service, the Poor-Law Nursing Service, the Metropolitan Asylum Board, the Queen's Institute for Nurses, both the central office and the branches in Ireland, Scotland, and Wales; the Colonial Nursing Association, the Northern Workhouse Association, the Matrons' Council of Great Britain and Ireland, the League of St. Bartholomew's Nurses, the Royal British Nurses' Association, the Registered Nurses' Society, St. John's House, the Nurses' Co-operation, the Midwives' Institute, the Incorporated Society of Trained Masseuses, the Bradford Incorporated Nurses' Institution, the Dublin Nurses' Club, the Dublin Metropolitan Technical School for Nurses, and to the London, St. Bartholomew's, the Middlesex, St. George's, and St. Thomas's Hospitals in London, to the Birmingham General Hospital, the Leeds General Infirmary, the Royal Infirmaries of Edinburgh and Glasgow, the Western Infirmary of Glasgow, the Richmond, Whitworth, and Hardwick Government Hospitals in Ireland, and St. Patrick Dun's Hospital, Dublin; in Sweden, to the Sophiahemmet Nurses of Stockholm; in Denmark, to the Commune Hospital of Copenhagen and to the Danish Council of Nurses; in Holland, to the Wilhelmina Hospital, the Dutch Matrons' Council, the Dutch Nursing Association, and the Dutch Association for Furthering the Interests of Male and Female Nurses; in

Germany, to the Victoria House in Berlin, and the Hamburg Nursing Association, the Evangelischen Diakonie-Verein, the Deaconess Establishment at Kaiserswerth, and to the Central Committee of the Red Cross; in Italy, to the Blue Cross Nurses' Association, Naples; in Australia, to the Australasian Nurses' Association and the Prince Alfred Hospital Trained Nurses' Re-union; in Africa, to St. Michael's Home, Kimberley. Letters of invitation have also been sent individually to the superintendents of nursing or matrons of the large hospitals, members of the International Council, Matrons' Council, and the Superintendents' Society. As yet none have been sent to Japan and the East or to South America. The committee will be glad to learn of names and addresses of hospitals or of organizations or individual nurses in the other countries still unlisted to whom invitations may be sent. They also ask for names and addresses of army nurses of the Civil War. The various nursing journals also have had letters; however, the press in general is still to be written to. After the reports came election of officers, and it was moved and voted that the active officers elected, with the present committee, should compose the Executive Committee of the Congress of Nurses. They are as follows:

President and chairman of Congress, Miss Isabel McIsaac, of the Illinois Training-School, Chicago.

First vice-presidents, Mrs. Robb and Miss Keating.

Second vice-presidents, Miss Damer and Miss Snively.

Secretary, Miss Banfield.

Treasurer, Miss Riddle.

It was decided that Miss Florence Nightingale should be asked to accept an honorary title, and that representative nurses of the different countries should be placed on the list of honorary officers. These will be announced by name and title as they send their replies. The time of Congress by request of the Buffalo Nurses' Association was fixed for the week beginning September 16, Monday, Tuesday, and Saturday being agreed upon for business meetings, and Wednesday, Thursday, and Friday for the Congress programme. The Associated Alumnæ will hold a short business meeting on Monday morning, the Superintendents' Society at noon, and the International Council of Nurses on the afternoon of Monday, the 16th, unless some change is announced. Committees were formed as follows: Finance, Reception, Programme, Publication (a standing committee), Local Arrangements (Buffalo Nurses' Club). Under "Finance," it was decided that a nominal entrance-fee to the Congress meetings should be charged to all except the foreign delegates, and that these should be entertained during the Congress; under "Reception," it was planned that each large city should organize a local

Reception Committee; under "Programme," the subjects to be treated were blocked out, leaving the details to the committee, as follows:

1. Hospital Administration:
 - A. Women as Heads of Hospitals.
 - B. How Hospitals are Administered in This and Other Countries.
 - C. The Executive and the Training-School Side of Hospitals.
2. Education of Nurses:
 - A. Preparatory Training.
 - B. The Training-School.
 - C. Post-Graduate Courses.
 - D. Teachers' College Course.
3. District Nursing.
4. Army, Navy, and Red Cross Work.
5. The Relation of the Modern Nurse to Modern Medicine.
6. Private Nursing.
7. Hourly Nursing.
8. Nurses' Settlement Work.
9. Ethics.
10. Legal Registration.

NATIONAL COUNCIL OF WOMEN

THE committee appointed to adjust the matter of making application for membership in the National Council of Women held its meeting during the first week in January. Its members, Miss Keating and Miss Merritt, of the Superintendents' Association; Miss Healy and Miss Thornton, of the Associated Alumnæ, with Miss L. L. Dock as a member-at-large, decided that application be made at once and under the comprehensive title, "American Federation of Nurses." Having in mind the various bodies of nurses that would in time become affiliated, it was thought that this name would embrace all associations.

The secretary was instructed to make formal application to Mrs. Fannie Humphreys Gaffney, the president of the National Council of Women.

THE Long Island College Hospital Training-School's Alumnæ Association wishes to announce the marriage of its president, Miss Collins, to the Rev. Cornelius L. Twing, of Brooklyn. We feel we are to be congratulated, as Mr. Twing has always been deeply interested in the nursing world and now stands, with his wife, ready to help us in whatever field of work we enter; consequently our association has received

a new impulse, and we hope to progress rapidly in every way. Our last meeting, December 10, was very interesting and enthusiastic.

A MEETING of the "Graduate Nurses' Association" of Cleveland was held at the Lakeside Hospital on December 18. After the general business of the association was disposed of, an interesting discussion took place on the possibility of the organization offering practical assistance to the poor of the city, this assistance to be in the form of district or hourly nursing. Committees were appointed to thoroughly investigate ways and means adopted in other cities and by other organizations, and to report at the next monthly meeting. It is hoped that at that time some practical plan may be suggested by which the organization can start one or both of these forms of charitable nursing in a small way. The association received an invitation from the secretary of the Congress of Nurses at the Pan-American Exposition to send a delegate, and expressed itself as desirous of accepting the invitation. The last hour of the meeting was devoted to the entertainment arranged by the social committee.

ON the evening of December 3 the Alumnæ of the Training-School of the Hospital of the University of Pennsylvania gave a birthday party at the Home, Thirty-third and Spruce Streets, for the benefit of the nurses' endowed room.

The parlor, dining-room, and hall were tastefully decorated with palms and flowers. Music, instrumental and vocal, was rendered by a number of the nurses, and the University Glee and Banjo Clubs added greatly to the evening's pleasure.

Refreshments were served at nine-thirty, after which the large dining-room was used for dancing. We can safely say it was socially and financially a success.

THE regular quarterly meeting of the Monroe County Graduate Nurses' Association was held yesterday afternoon at the Isabella Hart Home of the City Hospital, Rochester. The president, Miss Palmer, presided, and there was a good attendance.

There were a number of important matters which came up for discussion, one of which was the desirability of a Consumers' League to be formed in this city. Considerable time was given to a discussion of the work of the Consumers' League and the good results which it has effected in New York City, particularly in its fight against the sweat-shop

methods. Nurses in particular are interested in this feature of the work, since the sweat-shops are prolific sources of contagion and disease.

The by-laws and constitution of the association were also discussed, as some revision is to be made in these, but no formal action was taken at yesterday's meeting. It was announced that a Congress of Nurses will be held in Buffalo in the last week of September next, during the Pan-American Exposition, and Miss Palmer suggested the desirability of the association taking an active part in this Congress, owing to the close proximity of Rochester to Buffalo. She thought the association should appoint a delegate to attend the Congress officially, and it might be necessary to offer some financial assistance to the undertaking. This suggestion was favorably received.

The code of ethics, which had been presented at a previous meeting and laid upon the table, was taken up and discussed. In this connection was read a paper written by Miss Lavinia L. Dock, secretary of the International Council of Nurses, on "Ethics in Nursing." This was both bright and trite. Recess was then taken, when refreshments were served, and an opportunity was given the members to discuss the proposed code informally.

When the meeting was again called to order, the code of ethics as presented was amended and adopted. The preamble sets forth that the members feel the necessity of some definite moral force or laws which shall bind them in harmonious relations.

In March, 1898, there was organized in Cleveland the College Club, being a society of women graduates of any recognized college or university, either of this or foreign countries. The object of the organization was mainly to draw women graduates together and to provide some social and literary opportunities for those who were away from their own Alma Mater. That such an organization is appreciated is recognized by the fact that there are now over one hundred members.

The regular quarterly meeting of the Rochester City Hospital Alumnæ Association was held in the assembly-room of the Isabella Graham Hart Home for Nurses of the Rochester City Hospital on Tuesday, January 8, at three P.M. After the usual routine of business, a report of the Trained Nurses' Directory was read. The report shows the directory to be in a flourishing condition. Miss Ora M. O'Connor,

who has conducted it so admirably for the past two years, was retained as registrar for the coming year.

The Pan-American Congress of Nurses, which is to meet in Buffalo in September, 1901, was next discussed, the association voting to extend to the promoters their sympathy and co-operation. Owing to the small attendance no delegate was appointed. Three new names for membership were accepted.

THE ORGANIZATION AND MANAGEMENT OF CLUBS AND HOMES FOR GRADUATE NURSES*

THE subject of this paper is one of considerable complexity, upon which we can formulate no hard and fast rules, yet in general it is a topic of so much importance to the well-being of the graduate nurse that it should command our most serious consideration and call forth our best efforts.

Since the services of the graduate nurse have become a recognized necessity in the skilful and successful treatment of disease, much difficulty has been experienced by physicians and the public in ascertaining just where a nurse could be found and how to reach her in the shortest possible time.

Within the writer's memory the doctors of this city were in the habit of driving about, calling at the various houses, this time-consuming method of looking up a nurse being preferable to trusting to the uncertain messenger boy; but with the advent of the telephone all this was changed; the busy man no longer had time for a house-to-house visitation, but called up the nurse, who was fortunate enough to have a telephone. A little later this man, growing busier all the time, takes advantage of the fact that in a certain house are several nurses; if he can't get one, he may another. So the demand has grown until the clubhouse has become an absolute necessity from a business stand-point if from no other.

The chief difficulty in organizing a club of this kind is due largely to the fact that after leaving the school the nurses' ways become divergent, their social and business relations through the force of circumstances tending to separate them, all of which detracts from the loyalty they owe to their school and to each other; thus to gather together a band of graduate nurses, coming from different parts of the country

*** Read by Mary E. Thornton before the Third Annual Convention of the Nurses' Associated Alumnæ of the United States, held at New York May 3, 4, and 5, 1900.**

with different ideas and temperaments, for the purpose of propagating a successful union is a task not easily accomplished.

The history of the different associations is very nearly similar. Each one experiences in proportion to its membership an alarming deficiency of interest in this work. So great is this deficiency that to-day in our own city, with its ten or more large training-schools, there are only three club-houses that are recognized as having been founded by the nurses, for the nurses, and governed by the nurses; in other cities throughout the country a similar condition exists.

The increasing demand for graduate nurses renders it more and more imperative that there should be organization, that each association should have its own club, not merely nominal in character, but real, with settled laws and regulations as to membership and management.

In order that there should be a successful organization it is necessary at the outset that there should be first a strong feeling of fellowship, vigorous allegiance to one's school, and in general concentration of energies for mutual good. As it is expressed in the preamble of our constitution: "The object of this association shall be to promote the usefulness, honor, and interests of this school and of the nursing profession generally, to advance friendly intercourse among nurses, and to encourage unity of action in the profession."

One does not promote the usefulness, honor, and interests of her own school, still less of the nursing profession generally, when, upon receiving her diploma, she goes out among the laity, they taking her upon the good word of that school which graduated her, performs her work, be it ever so well done, receives her salary, goes home, amuses herself, and then another case: I repeat, be her work ever so well done, such an one does not promote the usefulness, honor, or interests of her school: preserve if you will, but promote—no.

There devolves upon that nurse a moral responsibility to further the interests of the school which vouches for her and gives her a standing in the professional world. Hers is a manifest duty. And how perform that duty? By organizing her club and instituting her study course is the interest furthered, for it is only by contact with our coworkers and by the interchange of ideas that progress is made, there being much truth in the charge that steadfastness of opinion, the conviction that your way is the only way, and an indifference to new ideas are the first signs of approaching age.

On this floor last year it was remarked in an off-hand manner, as if it were a matter of no moment, that "the nurse whose diploma bore the date of fifteen years back should be retired." What an outlook for the woman who spends three years in a large hospital, performing her

duties in its wards and pursuing her studies in its class-rooms! Is she only committing a certain amount of theoretical and practical knowledge sufficient to carry her through a few years? Is experience to count for nothing in this profession of ours?

There was little room for such a remark last year, and there is none this, for there are developing opportunities for post-graduate work, and there was inaugurated in the city the past winter by a co-operation of four alumnæ associations on lines indicated by the Associated Alumnæ what we hope may prove to be a study course for all graduate nurses throughout the country. Thus shall we be promoting the interests of the nursing profession generally, and by advancing friendly intercourse among nurses encourage unity of action in the profession.

Once organized, how shall the *esprit de corps* be maintained? We cannot imagine even an attempt at it without a trained nurse at the head, one of the body, for there are constantly arising questions in ethics the finer points of which a woman not a nurse could not possibly appreciate.

After organization numerous obligations spring up. The question arises, how shall such obligations be met? Shall the members be held directly responsible for the support and maintenance of the club, or shall such responsibility devolve upon one person? Evidently if the existence and prosperity of the club is to be assured, there must be some well-organized system of providing for its support and management. The success of such an undertaking must depend largely upon the support each member gives; hence it would seem that the welfare of the association would be best promoted by rendering the members as a body responsible.

Further than this, little need be said in regard to management, for if the organization be well founded, the question of management will adjust itself in a great measure to meet the requirements of the club. The one fact to be emphasized is that the liability for support should be vested in the members as a body, and the aid and support due from each be well-defined; thus a working union will be secured, harmony promoted, and the security of the association assured.

FOREIGN NEWS

IN CHARGE OF

LAVINIA L. DOCK

ORGANIZATION NOTES AND CURRENT EVENTS

TRAINING-HOMES OF THE VICTORIAN ORDER OF NURSES FOR CANADA

THERE are two Training-Homes in connection with the Victorian Order of Nurses where special training in district nursing is given. These are in Montreal and Toronto respectively.

The word *home* truly expresses the congenial atmosphere which a nurse finds there. Every effort is made by the local boards in these cities to provide both well and liberally for the nurses' comfort, and the district superintendent in each case is verily a home-maker.

Nurses who hold a diploma of any recognized hospital training-school, who have had training in maternity nursing, who have a knowledge of the care of infectious cases, and who can furnish testimonials of work well done since the completion of their hospital training, may be admitted to one of these homes for a course of six months in district nursing. The first month they are on probation, and wear their school uniform; if during this period they show an adaptability for this particular branch of nursing, and if it is their wish to take the full course, at the end of the month they are given the uniform prescribed by the order. An allowance of fifteen dollars a month with maintenance is provided from the time of the nurse's entrance.

The uniform is an English print in three shades of blue, a large white apron with bib, turned-over collar and cuffs, and linen cap. The out-door uniform consists of a dark-blue ulster and blue sailor-hat. The nurses carry a leather bag equipped with necessaries required for either maternity or surgical cases; they may also have occasionally to carry a bundle of fresh linen from the loan supply.

The district lady superintendents make regular visits with their nurses and teach them how to get ready an ideal sick-room in the home of those who are living in poverty and dirt; but, alas! there are instances where this very important change cannot be accomplished. The nurses learn to go into the homes of the sick with a cheerfulness and a readiness to perform their duties which are in themselves a tonic to their patients, and also try to inspire the children with some appreciation of cleanliness. In one instance, where the nurse was caring for a mother during her eighth confinement, the children, rising above each other like tiny steps, were uncared for and the whole house was very dirty. A few mornings after the nurse's first visit, the eldest little girl, aged seven, ran to the door to greet her on her arrival. Her face was shining with the application of soap and water, and she exclaimed, "We wash face, comb hair all day."

The nurses are continually urged to make an effort to instil into the minds of the people with whom they thus come in contact the fundamental rules of good

health, namely, cleanliness, fresh air, and simple and properly cooked food. But unless they have the power of imparting knowledge on these very important subjects, and are prepared to do so in a tactful and pleasing manner, they have made a mistake in their choice of a profession. It is not enough for nurses to preach on these subjects, they must practise them in the home life. A nurse who is careless about airing her own bed before making it, neglectful of her articles of toilet, wears her hair frizzed and untidy, and pins her apron instead of buttoning it, is not the nurse for the Victorian Order. One who does district nursing must be herself a paragon of cleanliness and neatness, or she is incapable of becoming a "health missionary."

Each of the Training-Homes contains the nucleus of a library, in which are to be found such books as have been published on district nursing. The nursing magazines are subscribed for, and every effort is made to render the course as educative as possible. As the demand for the services of the district nurses becomes greater, larger classes will have to be formed, and then a regular course of lectures will be given.

The nurses rise at six-thirty and breakfast at seven; then they attend prayers, put their rooms in order, and are ready to start out on their rounds at eight o'clock. In order to husband both their time and strength, the trams are freely made use of.

Three or four patients may be made comfortable by one nurse in the course of the morning. A chart and report-sheet, showing the condition of the patient, are kept in an opaque envelope in the sick-room for the benefit of the doctors. The latter write down their orders, and thus it often happens that they and the nurses may see many cases through without the necessity of meeting.

The nurses return to the home for dinner at one o'clock, after which they make ready their bags for the afternoon visits. The remainder of the time is spent in rest and study until a quarter to four, when they take a cup of tea before going again into the districts. Supper is at seven-thirty, and after preparing the bags for the next day's work and attending to their record and time-books, the rest of the evening until bed-time is for recreation.

The nurses are off duty for several hours consecutively every Sunday, and one free afternoon a week is granted to each nurse unless a special press of work makes this impossible. There are occasional night calls, but at the Montreal home a nurse is engaged for this special work.

This brief sketch of the daily routine at the Victorian Order Training-Homes will be supplemented later on by an account of the admission of a nurse to the order itself after her district training is completed, and of the kind of work she may be called upon to perform.

CHARLOTTE MACLEOD,
Superintendent.

OPENING OF THE GENERAL HOSPITAL OF PUERTO PRINCIPE, CUBA

FRIENDS of the American nurses who went to the hospital at Puerto Principe last summer will be interested to hear that after six months' waiting for necessary repairs and renovations the hospital is now open and in fairly good running order, the supplies and furnishings having been sent from the States. The hos-

pital has at present about one hundred patients, and a training-school has been established numbering twenty-five young Cuban women. Their intelligence and aptitude for the work so far give cause for gratification and encouragement on the part of their teachers. There have been a number of operations, and the doctors seem very much pleased with the nurses' work.

Mrs. Quintard will leave Puerto Principe shortly to assist in organizing similar work in the large Civil Hospital in Santiago de Cuba. Miss M. A. Mitchell will remain in charge at Puerto Principe, assisted by Miss M. A. Robertson, of New Haven Training-School; Miss C. L. Borden, St. Luke's, New York; Miss A. Alberti, St. Luke's, New York; Miss Alice P. Lyon, Brooklyn Homœopathic Training-School; Miss M. I. Smith, Philadelphia Hospital.

ST. BARTHOLOMEW'S LEAGUE AND THE CONGRESS OF NURSES

THE League of St. Bartholomew's Nurses at their November meeting considered the question of sending a delegate to the Congress of Nurses to be held in Buffalo next September. We are pleased to learn that they intend being represented there and hope other organizations of nurses in foreign countries will follow their example.

LETTERS

FROM OUR SPECIAL ENGLISH CORRESPONDENT

A NEW CLUB.

ANOTHER item of interest in the nursing world over here is the formation of a professional and social club by the nurses of Dublin. The following objects will give you some idea of its scope:

OBJECTS.

1. To provide a meeting-place for the mutual improvement of nurses where professional matters can be discussed.

2. To bring into touch with each other the members of the different branches of the profession,—medical, surgical, fever, obstetric, mental, and massage nurses,—whether engaged in hospital, in private, or in district work.

3. To provide reading-rooms supplied with daily papers, nursing and medical papers, and some periodicals.

4. To provide a department for registering the names and addresses of members engaged in private work who require employment.

Miss Huxley, lady superintendent of Sir Patrick Dun's Hospital, Dublin, so well known for her sturdy support of legal status for nurses, has been elected the first president, and the committee includes the names of some of the brightest and most energetic matrons in the capital of the Emerald Isle.

THE NIGHTINGALE TRAINING-SCHOOL.

An event which has given great satisfaction in the nursing world here is that the committee of the Nightingale Training-School connected with St. Thomas's Hospital propose to grant a certificate to their nurses in the future. Up to the present time no certificate has been given by the school, but the names of the probationers who have passed through the prescribed curriculum to the

satisfaction of the authorities have, at the end of one year, been placed on a Register of Trained Nurses kept by the hospital.

The regulations in force up to the present time have been as follows:

"The term of the probationary training is a complete year, and candidates will be received on the distinct understanding that they will remain for that length of time.

"The names of the probationers will be entered in a register in which a record will be kept of their qualifications. At the end of a year those whom the committee find to have passed satisfactorily through the course of instruction and training will be entered in the Register of Nightingale Nurses.

"Probationers on completion of their probationary year's training must be prepared to take service on the nursing staff of some public hospital or infirmary, or in district nursing, and to continue in similar service wherever offered to them by the committee for a period of two years at least."

This standard of training is obviously now obsolete, although when it was first laid down, in the year 1860, no doubt it was in advance of any then in force.

The Nightingale Training-School has suffered to some extent from the very fact of its being the pioneer school in this country, inasmuch as its standards have not kept pace with the great advances made in nursing education in the last thirty years in younger and more vigorous training-schools. Those of us who have desired to give our mother of training-schools the place in our respect which as the pioneer it should command have always regretted the way in which it has tenaciously clung to its original standard, and welcome the fact that at last this is to be raised. The custom of giving annual gratuities for satisfactory service is also to be discontinued. It is one which must surely be a legacy from the times when probationers were almost exclusively drawn from the totally uneducated class.

UNION JACK.

SOUTH AFRICA

I HAVE been here now over two months, having left England on August 4. You may guess how delighted I was to have the chance of active service, though as a matter of fact we got here rather late for the active part of it. Twenty of us came out together, and only one has had the good fortune to be sent up country. The rest of us are all in base hospitals. There are a number of these within a few miles of Cape Town, the chief of them being Wynberg, Woodstock, Simon's Town, and Greenpoint. The latter seems on the whole to have the best hospital for work, though as it happens none of them are very busy just now. The enteric and dysentery season has only just begun, and no doubt in another month there will be plenty to do. At this camp we have two large compounds for the Boer prisoners, of whom there are about four or five thousand. There is a hospital for light cases on the compound, but we also have a ward here for serious cases

I have had charge of this ward for a month on day and now have it by night, as we change from day to night duty every month. I have been very glad to have this chance of making acquaintance with "our friend the enemy." They make good patients and many of them are very nice fellows. One cannot help feeling so sorry for some of them, for they have lost *everything* in this war. There was

one man here a short time ago who had his father and four brothers killed in one engagement, and his farm has since been burnt and his mother and sisters sent away, and this is only one of many such cases.

When this war is over it must surely be a great problem what to do with the many thousand prisoners on our hands. Every week we have fresh troops of them sent here, and then as the new ones arrive they send on the old ones to Ceylon or St. Helena. It is a strange sight to see them arriving from up country, and we see plenty of them, for they all come past our quarters, which are close by the roadside. Two hundred of them passed by last Thursday, surrounded by a large escort; such a motley group of old and young,—boys even who did not look more than sixteen, and old men with long white beards,—and they all looked so tired and worn out, dirty and ragged; some could hardly walk and were being helped along by the escort, and all carried big bundles of clothes, cooking utensils, and such like articles. One cannot help thinking they must be glad to be shut up in the compound, where they will have no more fighting and marching and be able to rest. Once there they are very well looked after, have sports of all kinds to amuse them, whilst new clothes and even luxuries are given to them by the Dutch Committee of Cape Town, who subscribe hundreds of pounds for the prisoners, the Government sanctioning their so doing. This country is full of pro-Boers, and one can never feel sure whether one's acquaintance is friend or foe.

Our hospital work here is rather a contrast to that of a civil hospital,—in fact, military work is altogether original. Tommy is fortunately a model patient and never complains. Of course, now things are much better than they were at the beginning of the war, but then there was some excuse if medical appliances, etc., ran short; now there cannot be any, and yet we have to go without many things which would be considered necessary in any civilian hospital.

The system of orderlies always seems such a faulty one. Some orderlies are good enough for day work, if they can be well looked after, but at night they are most unreliable, for they cannot or will not keep awake, and if you have bad cases in the ward and are not able yourself to be there all the time, you are never sure what may happen. We civilian nurses of course do a good deal of work ourselves, though the regular army Sisters seem to consider it much beneath their dignity and rather despise us for the energy we show.

This war will have done some good if it only exposes the deficiencies of the army medical service. I saw Miss —— a few days ago. She, like myself, thinks very badly of our nursing system out here, but then things are much worse at —— than here. We are all so much wanting to go up country, though at present there seems little chance, as they are so well supplied now with nurses everywhere. It would be so annoying to return without having seen any of the scenes of the war. Anyway, I shall hope to go to Kimberley, as I have a brother living there, and even this would give one some idea of the country, which is vastly different from this part of the Colony.

The scenery about here is beautiful. We are close to the sea, the whole of the peninsula, composed of Table Mountain and its offshoots, forming a beautiful variety of mountain and valley scenery. They are covered now with the silver-leaf tree and numberless other flowering shrubs. Dotted amongst the valleys are picturesque old Dutch farms. . . . It is impossible to say how long we shall be out here, but very likely for another year; then, as we are to keep a standing army of fifty thousand in the country, that means we must have more

permanent hospitals, and many of us will be kept on for those. However, I do not think I could stand army nursing in time of peace; I would rather go back to the other work. . . . We have twelve hours on duty here and twelve off. By day one can get off in the afternoon if one's cases are not too bad to leave in charge of the orderlies. By night one's time is really more taken up,—that is, if one has two wards, as I have. Each ward is a separate hut built of wood with galvanized sheeting outside; each contains about thirty-six beds. I have some rather bad cases now in the wards, so have to make frequent rounds, as the orderlies would be sure to go to sleep. My two huts are close to the Boer compound.

It is now four A.M., and the prisoners are already singing their morning psalms. They seem to be a most religious kind of people, for they hold these services three or four times a day, and when there are over two thousand voices singing together you may imagine the effect is most impressive. They sing all their psalms to monotonous, drawling tunes, "Old Hundred" being one of their favorites.

I have been trying to pick up Dutch since I have been here. It is not very difficult to learn. Many of the Boers can speak English, but often they pretend they cannot, for they so hate us that they will not speak our language. We occasionally get other than Dutch in from the compound; just now I have a Frenchman, a German, and an Englishman. The latter tried at first to pass himself off as Dutch, but becoming delirious he soon betrayed himself. It is hard to have much sympathy with these men, but with the poor Boer it is different, for he has, after all, been fighting for his home and country, and one can only admire him for it.

So many men are really half Dutch and half English by birth that this seems to have been almost a civil war. Unfortunately, though we have really crushed the power of the Boers, I fear it will take many generations before we can stamp out the ill-feeling. I see it is time for me to begin my morning work, so I must close this ready for the weekly mail. . . .

[The above letter, having been written without intention for publication, is for this reason given without the name. The writer is a graduate of one of our hospitals, and her letter was kindly given to the editors by the friend to whom it was written.—ED.]

THE secretary of the Dublin Club, Miss R. C. Rowden, has just sent us a delightful account of the inaugural meeting of the club, at which two hundred and seventy members were present, the total membership being four hundred and two. (Will some of our American associations notice these numbers and hang their heads?) She also sent their "Rules," which we would like in a later number to reprint.

THROUGH the kindness of Herr Doctor Zoëllner we have received the Sixty-third Annual Report of the Kaiserswerth work, from which we intend soon to give some extracts.

The new organ of the Holland association for furthering the interests of nurses, women and men, has also reached us. It is called *Nosokomos*, and the last number gives a paragraph to our forthcoming Congress.

EDITOR'S MISCELLANY

DEATH OF MISS ELLEN M. WOOD

NEW YORK, January 9, 1901.

To the Editor THE AMERICAN JOURNAL OF NURSING.

DEAR MADAM: As secretary of a meeting of the "Committee to Secure by Act of Congress the Employment of Graduate Women Nurses in the Hospital Service of the United States Army," held in this city November 13, 1900, I have the honor to transmit to you for THE AMERICAN JOURNAL OF NURSING the following extract from the minutes of that meeting having reference to the death of our esteemed associate, Miss Ellen M. Wood, of Mount Kisco, New York:

"The members present at the meeting were: Mrs. Whitelaw Reid, Mrs. William Bayard Cutting, Miss Anna C. Maxwell, Miss Louisa Lee Schuyler, Miss Irene Sutliffe, all of New York; Mrs. Joseph Hobson, of Washington, and Miss C. K. Meredith, of Philadelphia.

"The chairman, Mrs. Whitelaw Reid, stated that before entering upon the business of the meeting it was her duty to announce to the committee the death of one of its most honored members, Miss Ellen M. Wood, at Copenhagen, Denmark, August 9, 1900. She desired to express her sense of the great loss sustained by the committee.

"Miss Schuyler said that the circumstances connected with the death of Miss Wood were so exceptional in character that they deserved special mention. Going abroad for her health last summer, accompanied by her father and sister, the vessel had left New York but a few days when it came to Miss Wood's knowledge that one of the seamen was ill with pneumonia. There was no one on board who knew how to nurse him, and she offered her services. In her enfeebled condition, caused by devotion to our sick soldiers in Fort Hamilton through the late war and by subsequent drafts upon her strength, she nursed the man through the long voyage. He recovered. She was taken ill with typhoid fever and died shortly after landing in Copenhagen. As she had lived,—always ready to help where help was needed, able, strong, tender, most unselfish,—so she died, a heroic death, literally giving her life for the life of another.

"Miss Schuyler read part of a letter from Mrs. Winthrop Cowdin, in which she speaks of Miss Wood with the greatest esteem and affection, adding: 'Her life, so touchingly beautiful in her service for others, is one her friends will never forget.'

"Miss Maxwell and others recalled Miss Wood's presence at the last meeting of the committee, in May, and spoke of the nobility of her life and character.

"Miss Maxwell offered the following minute:

"'It is with profound sorrow that we record the death of Miss Ellen M. Wood, which occurred in Copenhagen, Denmark, August 9, 1900. In the death of Miss Wood, who was eminent in her community for works of love and charity and helpfulness to others, this committee and the nursing profession have lost a most valued member. From her experience during the late war Miss Wood felt strongly the necessity of securing permanency for the intelligent, responsible nursing of our soldiers, and she entered into the work of the committee with enthusiasm. Her clear insight, mature judgment, and convincing argument have been valuable aids in the advancement of the cause of the Army Nursing Service Bill.'

"Upon motion, the above minute was approved and ordered to be entered in full upon the records of the committee. The secretary was directed to send a copy thereof to the family of Miss Wood and to THE AMERICAN JOURNAL OF NURSING."

Very respectfully yours,

LOUISE LEE SCHUYLER,

Secretary *pro tem.*

DEATH OF MISS MARGARET McKEAN

MISS MARGARET MCKEAN died recently at the Cullis Home for Consumptives, and in her death the erring and the unfortunate in Boston have lost one of the kindest friends who ever made life easier for them. As long as her health permitted, her life was devoted particularly to the interest of those who most needed a friend in the hour of trial. Miss McKean was well known among many of the best families of the city as a patient, loving nurse in any kind of sickness. She will be perhaps best remembered as a friend of the unfortunate and the infants, whose tender years made them special objects of her compassion.

Miss McKean was born in Brooklyn, New York, fifty-five years ago, and came to Boston about 1885, graduating from the Nurses' Training-School at the City Hospital. She was also a graduate of the Boston Lying-in Hospital. For seven years she was the matron of the Massachusetts Infant Asylum, and here won the regard of all who were interested in the institution and all those whose misfortune brought them under her care. Some six years ago consumption set its seal upon her, and she went to California and other Western points in a vain quest of recovery. After her return to the East she spent nine months at Sharon, and since May, 1899, has been a patient sufferer at the Cullis Home, her burden being lightened by the loving care of her devoted friends.

MARRIAGE OF MISS BARNHARDT

MISS GRACE C. BARNHARDT, graduate of Massachusetts General, directress of nurses at St. John's, Brooklyn, and for some time assistant superintendent of Smith Infirmary, was married in Ottawa on November 6 to Colonel Loomis Langdon, a retired officer of the United States Army.

They have gone abroad for a year or more.

BOOK REVIEWS

FAT AND BLOOD, Eighth Edition, and DOCTOR AND PATIENT, Third Edition, by S. Weir Mitchell, M.D., published by the J. B. Lippincott Company, Philadelphia.

A very large number of medical books are neither interesting nor especially valuable to the rank and file of nurses, and it would seem that the heads of our schools should give more attention to the subject, exercising careful judgment in the selection of reference libraries and also in advising young graduates what books to procure. The two volumes mentioned are both excellent. For nurses who make a specialty of nursing the nervous "Fat and Blood" is particularly good, especially for such of us as were trained in general hospitals where the methods employed by Dr. Mitchell are not usually carried out in detail.

"Doctor and Patient" is "intended for the instruction of the laity," which we may safely assume includes nurses. It is extremely interesting and entertaining, as well as valuable, being the point of view of the doctor, the gentleman, and the literary man.

If a nurse buys only such books as set forth an array of statistics, then "Doctor and Patient" is not what she wishes; but if her interests are wide enough to include the ethical and professional side of relations with the sick, she will find this little volume not only food for reflection, but also really enjoyable.

ISABEL MCISAAC.

CHANGES IN THE ARMY NURSE CORPS

CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON GENERAL'S OFFICE FOR THE MONTH ENDING JANUARY 12, 1901

ANNAN, LUCY C., who reported in San Francisco from transport duty December 10, has had her contract annulled.

Bauer, Christiana M. (Mrs.), transferred from the United States General Hospital, Tientsin, China, to the First Reserve Hospital, Manila, November 21, 1900.

Beecroft, Laura Anna, reported at the First Reserve Hospital, Manila, from transport duty.

Betts, Julia M., chief nurse at Calamba, transferred to the First Reserve Hospital, Manila, as nurse.

Buckley, Mary E., transferred from the Santa Mesa Hospital, Manila, to Iloilo November 12, 1900.

Brown, Mrs. Jessie M., transferred from the United States General Hospital, Tientsin, China, to the First Reserve, Manila, November 21, 1900.

Call, Sylvia, transferred from the United States General Hospital, Tientsin, China, to the First Reserve Hospital, Manila, Philippine Islands, November 21, 1900.

Casey, Joanna B., arrived in the Philippines on Sherman December 1, 1900, and was assigned to duty at the Second Reserve Hospital, Manila.

Cleland, May, transferred from the United States General Hospital, Tientsin, China, to the First Reserve Hospital, Manila, November 21, 1900.

Cox, Sara M., transferred from Lucena, Philippine Islands, to duty on Grant en route to the United States. Arrived in San Francisco December 31, 1900.

Eastham, Marian, transferred from First Reserve Hospital, Manila, to duty at Vigan, Philippine Islands.

Fairbanks, Helen G., recently appointed for duty in the Philippines, assigned to the United States Military Hospital, Nueva Caceres, Luzon.

Friton, Emily, transferred from the United States General Hospital, Tientsin, China, to the United States Military Hospital No. 2, Pekin, China, November 16, 1900.

Gertsch, Bertha M., recently appointed for duty in the Philippines, assigned to the United States Military Hospital, Nueva Caceres, Luzon, Philippine Islands.

Graham, Catherine B., transferred from Lucena, Philippine Islands, to duty on Grant en route to the United States. Arrived in San Francisco December 31, 1900.

Hanbury, Anna A., transferred from the United States General Hospital, Tientsin, China, to the First Reserve Hospital, Manila, November 21, 1900.

Hasemeyer, Augusta D., transferred from the United States General Hospital, Tientsin, China, to the First Reserve Hospital, Manila, November 21, 1900.

Hoffman, Matilda, nurse at Calamba, Philippine Islands, promoted to the position of chief nurse at that hospital November 1, 1900.

Howard, Carrie L., recently appointed for duty in the Philippines, assigned to the Santa Mesa Hospital, Manila.

Hughes, Clara E., reported at the First Reserve Hospital, Manila, from transport duty on the Grant.

Jones, Helena E., transferred from Second Reserve Hospital, Manila, to duty on the Grant en route to the United States. Arrived in San Francisco December 31.

Kemmer, Alice S., transferred from the United States General Hospital, Tientsin, to the United States Military Hospital No. 2, Pekin, China, November 16, 1900.

Lane, Effie, reported at the First Reserve, Manila, October 31, from transport duty, and from thence assigned to duty at Lucena November 17.

Lasswell, Ida H., transferred from the United States General Hospital, Tientsin, to the United States Military Hospital No. 2, Pekin, China, November 16, 1900.

Linsley, Anne G., transferred from the First Reserve Hospital, Manila, to duty at the Santa Mesa Hospital, Manila.

Lippert, Ida Dora, transferred from the United States General Hospital, Tientsin, China, to the First Reserve Hospital, Manila, November 21, 1900.

McCarthy, Theresa E., transferred from the United States General Hospital, Tientsin, China, to the First Reserve Hospital, Manila, November 21, 1900.

McGee, Anna, transferred from Calamba, Philippine Islands, to duty on Grant en route to the United States. Arrived in San Francisco December 31, 1900, and assigned to duty at the General Hospital there.

Martin, Katherine E., transferred from the United States General Hospital, Tientsin, China, to the First Reserve Hospital, Manila, November 21, 1900.

Mickle, Rebekah, reported from transport duty at the First Reserve Hospital, Manila, and transferred thence to Vigan, Philippine Islands, November 12, 1900.

Moore, Marie E., sailed from San Francisco December 17 on Logan en route to the Philippines.

Morrison, Henrietta C., sailed from San Francisco on transport Hancock January 1, 1901, en route to the Philippine Islands for duty.

Pickel, Helen M., left the First Reserve Hospital, Manila, for duty at Lucena, Philippine Islands.

Purves, Mary O., transferred from the United States General Hospital, Tientsin, China, to the First Reserve Hospital, Manila, November 21, 1900.

Redecker, Henrietta L., transferred from the First Reserve Hospital, Manila, to duty at the United States Military Hospital, Nueva Caceres, Luzon, Philippine Islands.

Reed, Augusta G., sailed from San Francisco on transport Hancock January 1 en route to the Philippines for duty.

Russell, Genevieve R., who was under orders to return to the Philippines after leave of absence, had her contract annulled on account of illness in her family.

Spear, Eliza B., transferred from the First Reserve Hospital, Manila, to duty at the Santa Mesa Hospital, Manila.

Trenholm, Eva, recently reported in the Philippines from transport duty and assigned to the Second Reserve Hospital, Manila.

Unger, B. Matilda, transferred from duty at the First Reserve Hospital, Manila, to Vigan, Philippine Islands.

Ward, Eugenie M., recently reported at the First Reserve Hospital, Manila, for duty, transferred to the United States Military Hospital, Nueva Caceres, Luzon, Philippine Islands.

Weathers, Eloise M., reported at the First Reserve Hospital, Manila, from transport duty November 13, 1900.

Wilson, Sibbie, reported in San Francisco from transport duty December 10, 1900, and sailed from there on Hancock January 1, 1901, on return journey to the Philippines.

Young, Agnes G., transferred from the United States General Hospital, Tientsin, to the United States Military Hospital No. 2, Pekin, China, November 16, 1900.

Zellar, Clara M., reported in San Francisco from transport duty December 10, 1900, and sailed from there on Hancock January 1, 1901, on return journey to the Philippines.

THE EDITOR

THE Pan-American Exposition at Buffalo bids fair to be a much greater enterprise than some of us had anticipated. The list of conventions which have already selected the Pan-American city as their convening place makes interesting reading. In a prospectus which we have recently seen giving an outline of the various attractions of the Exposition is a long list of these conventions, representing every kind of an organization ever heard or dreamed of. Following in the wake of the "Shirt-Waist and Laundry-Workers' International Association," "Hoo-Hoos' National Convention," and the "State Side-Path Commissioners' Convention," we find the "International Council of Nurses," directly followed by the "American Boiler-Manufacturers' Association" and the "State Synod of the Presbyterian Church" sandwiched in between the "Knights of the Golden Eagle" and the "New England Cotton-Manufacturers' Association." Judging from the congresses of the Chicago Exposition, the schedule for the intellectual, philanthropic, and educational congresses has not yet been completed, as, aside from the two already referred to, most of the others are conspicuous by their absence.

MISS LAMPE has given us quite a new idea in regard to the necessary cost of living in Europe. In no way can a tired worker get the complete mental and physical change and rest as in the trip, if only of a few weeks, across the ocean. Until recently the expense of the ocean voyage has been prohibitive to people of moderate means, but with the great increase in the cattle-trade with foreign countries, several lines of cattle-steamers have been built that carry a limited number of passengers. For anyone who is not pressed for time, these boats are unusually comfortable, as in order to prevent injury and discomfort to the cattle they are specially designed so as not to roll, and the two weeks' required for the voyage may easily prove the most delightful part of the trip. For thirty or forty dollars one can cross in these boats and be sure of comfortable accommodations. They are largely patronized by a cultivated class of people with limited means, who have learned how to get the most out of their travels. Miss Lampe, who is a "Bellevue" graduate,

offers to give in detail any further information for the benefit of nurses who may desire to act upon her suggestion. In a later issue we shall endeavor to give, especially for the benefit of our foreign friends who are planning to attend the "International Council of Nurses," a list of these steamers with their summer rates.

PERHAPS we, as a profession, look upon ourselves as business women more than anything else, but we doubt whether our business manager, if he were to give his honest opinion, would be willing to make that endorsement. Every month since the JOURNAL has come into existence the business office has been besieged with letters of complaint that the JOURNAL has not been received by scores of subscribers. In almost every instance investigation has proven that the address has been changed without notification having been sent to the publisher. Such a letter as the following is a fair sample:

"*To the American Journal of Nursing.*

"The December number has not been sent to me. Please see that I receive a copy of the December number, and that the JOURNAL be sent to me hereafter. My old address was 1100 South Avenue, now is 275 West Avenue."

Heretofore it has been the habit of the business manager to forward the missing number, thinking each month that matters would improve, but as this kind of carelessness continues, we shall be obliged to make it a hard and fast rule that unless notification of the change of address has been sent before the 20th of the preceding month, the missing number will not be replaced. Nurses who are so unfortunate as to lose copies of the magazine have our sympathy, but it seems to us that this need not happen so often if nurses would caution their landladies or the persons who have charge of their mail in regard to the care of such matter when they are at cases. Printed matter is not usually regarded as being of the same importance as a personal letter, but the loss of a magazine of which one wishes to keep a complete file is most aggravating.

THE department, "Official Reports of Societies," under the supervision of Miss Mary E. Thornton, which was established in the January number, is intended to contain official announcements and notices of every character pertaining to our organization work, and the reports of alumnæ and club meetings and of all matters of special official interest to graduate nurses. Such communications should be sent directly to Miss Thornton.



HOSPITAL SHIP MAINE. THE WHITELAW REID WARD

THE
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ORIGINAL COMMUNICATIONS

WITH THE MAINE TO SOUTH AFRICA*

BY M. EUGÉNIE HIBBARD
Late Superintending Sister American Hospital Ship Maine

(Continued)

DURBAN, NATAL, SOUTH AFRICA, *Sunday, February 18, 1900.*—Leaving the town of Durban behind us, we drove along a particularly good road, banked on either side by flowering shrubs and foliage plants luxuriant in their growth and peculiar to tropical climates. There are many hedges here made of the prickly pear (cactus), which when in flower presents a most attractive line. This plant we were warned not to touch, as the fine points easily penetrate the skin and poison the flesh. The clear atmosphere and brilliant sunshine shows us the country looking at its best.

The houses, residences of wealthy people, not of Durban only, but of men engaged in mining and other pursuits in Natal and elsewhere, and now filled with refugees, have the distinct advantage of being detached and are built in spacious grounds. The terraced lawns and gardens are kept in the beautiful order peculiar to England and English homes, and convey the impression of beauty and comfort.

The irregular style in which the houses are built and the different sites suggest the idea that an extensive and unlimited view is what is particularly desired, and the balconies and verandas are large, cool-looking, and inviting.

Since leaving the town we have made a gradual ascent, and are now on the highest point on this road, and we stop to look around.

* Copyright by M. Eugénie Hibbard, 1901.

Behind us the land is hilly or rolling, and before us is the great, wide sea. At our feet lie Durban and Port Natal, the inner anchorage, and a little to the left the outer anchorage. The sky and sea to-day are of one color.

Naturally, we turn first to find the hospital ship Maine, and there she lies at anchor in the harbor, looking "like an idle ship upon a painted ocean," so motionless on the still water. The thought came to us that it was a very suitable resting-place for those who had so lately been exposed, on the fighting-line, to the inevitable conditions existing in actual warfare, which perhaps can be better realized in remembering Sherman's words, "For war is Hell." The same idea, though couched in different words, was expressed by one of the wounded soldiers, who, when relating to me his impression of the battle of Spion Kop, said: "I have been brought up to believe there can be no place worse than Hell. Now I *know* there can be no place worse than Spion Kop battle-field."

Satisfied that all was well on board the Maine, our comments ran on the different vessels lying at anchor, some within and some without the bar. Most of the larger vessels were the transports utilized to bring over the troops from India. H. M. S. Terrible still waits the return of the part of her crew who are absent with the forces seeking to relieve Ladysmith, the pivot on which all our thoughts turn.

We tried to read the flags (this being Sunday, the ships are dressed), which proved a difficult task, though we felt proud in remembering that several nautical terms had become familiar to us and were in daily use since being on the Maine.

The fact that a little knowledge is dangerous is emphasized by the following anecdote: A well-known and, I might add, popular writer, in describing a harbor scene at night somewhere in South America, wrote (the sense of which was): "The red and green side-lights of the ships at anchor in the bay, reflected in the water, enhanced the beauty of the scene." This is quite graphic, and makes a pretty picture, but as our narrator continued, "For future reference, should you ever be tempted to become a writer, allow me to inform you that ships at anchor do not carry red and green side-lights," immediately the picture which had been mentally depicted was ruthlessly destroyed, and our comments on ships were effectually silenced.

It must have been at this point on the Umgeni Road, overlooking the Bay, that Kruger, then President of the Transvaal, dreamed of building a residence, from the balcony of which he intended, seated in his arm-chair, with pipe in hand, to gaze upon his navy riding at anchor in the harbor. Castles built in Spain since the Spanish-American



ZULUS—BRIDE AND GROOM

War have not proved tenable, and this dream is never likely to be materialized. But who *dare* prophesy these days?

Daily we wait for news, and the little we hear is of a depressing nature. The descriptions given by the wounded soldiers of intrenched positions occupied by the Boers prove that they are a serious menace in the work of relieving Ladysmith, and the tactics employed by the Boer will eventually become a proverb among a people who have learned to respect a foe worthy of their most strenuous effort.

Continuing our drive, we soon came to the Umgeni River, looking to us, accustomed to rivers of size, like a creek, but which, in the pride of the Natalander's heart, is the ship-canal of the future *in Natal.* Here we saw, disporting themselves on the banks and in the water, whole families of Kaffirs, the mother engaged in the family washing, drying the articles as quickly as possible and putting them on regardless of spectators, while the younger members enjoyed themselves lying in the water, blinking their eyes in the sunlight. As we did not see a church, chapel, or temple within the radius of vision, we concluded that these Kaffirs were governed by Watts's assertion that "Cleanliness is next to Godliness," and we were content it should be so.

Umgeni Gardens lay a little farther on, and I must say that we were disappointed in them. The flowers and flowering shrubs are profuse, yet the effect produced by uncontrolled, untrained growth is not pleasing to our critical minds. The Botanical Garden in Durban is very fine and worth a visit.

We have met people of nearly all nationalities and many Kaffirs. Included in the former are Englishmen, Americans, Germans, Egyptians, Arabians, Cingalese, Hindoos, Persians, and Malays. The Kaffirs are composed principally of members of the tribes bordering on Natal, Zululand, Pondoland, Basutoland, and Griqualand, and, with coolies, form the laboring classes principally.

The Zulus, I am told, are a most moral tribe, the crime of immorality being punishable with death. To see the Zulu to his advantage, it should be in his own country. A story is told of an Englishwoman, who, being somewhat disconcerted by the absence of what she considered proper clothing, asked a Zulu woman the question, "Are you not cold, without more clothes?" The reply in the interrogative characteristic fashion was, "Is Englishwoman's face cold?" The answer, "No," immediately liberated the idea in the Zulu's mind, and she naïvely replied, "So me face all over."

The coolies are of Indian descent and are a valuable acquisition in the agricultural districts in Natal.

The Hindoos in dress are very striking, adhering, as they do, to

the Oriental style, wearing ornaments in hair, ears, nose, also anklets and armlets, and babies are to be seen decorated with toe-rings. The silk skirt and head-dress of the Hindoo woman is usually of a bright crimson, yellow, or green color, and particularly becoming to their dusky complexions. The artistic manner in which the dress, a single width of silk of sufficient length, is adjusted to serve as skirt, turban, and drape for the shoulders excites our envy, for the effect as a whole is graceful and picturesque.

A Kaffir and his wife attracted our attention. The former was dressed in very ugly black clothes, high hat, and walked in front under an umbrella with a great deal of dignity. He was followed by his wife, a tall, finely proportioned woman, who, with only a loose tunic of coarse canvas, falling from the shoulders to the knees, and carrying two large bundles on her head, looked at us with apparently as much interest as that with which we regarded them, but a feeling of pity pervaded our thoughts which must have been absent from hers. Yet this heavily burdened woman looked happy.

The Hindoo temple, frequented as a place of worship by the coolies, deserves passing notice only. The building, in the usual temple style, is ugly, though the grounds are spacious and well kept. The entrance is through a roofless square court, which contains several idols unlike any particular object. The doors of the temple proper are in this court. As no one is allowed to cross the threshold without first removing shoes and stockings, our curiosity was easily satisfied, and we contented ourselves with a superficial view.

We dined at the Royal Hotel, Durban, and were favorably impressed, especially by the waiters, who are all Hindoos. They wear white linen trousers, no stockings or shoes, loose tunics of white linen also, which are confined at the waist with a sash or belt of gorgeous hue, with an immaculate white turban, most artistically adjusted. Speechless, or almost so, noiseless and rapid in their movements, salaaming and respectful, they appealed to me as ideal servants.

Returning to the Maine, our floating home, about eight P.M., we found all the patients had passed a restful day. Captain Percy Scott, of H. M. S. Terrible, was on board. He is also commandant of Natal (which is under martial law), and has kindly promised me a pass to visit Mooi River field hospital.

Monday, February 19.—Thirteen patients returned to the front this morning. Each received a small souvenir of the Maine. In spite of the fact that health had been restored and cheerfulness was conspicuous, those who fully realized the warfare that was being waged were somewhat depressed. No good news yet.



DINING-ROOM OF THE FAMOUS ROYAL HOTEL, DURBAN, NATAL



KAFFIR HUTS, NATAL SOUTH AFRICA

Tuesday, February 20.—Raining nearly all day. This afternoon I received a telegram from Sister Kitching, of the Army Nursing Reserve, who accompanied us from Cape Town and is now stationed at Mooi River field hospital, asking me to "come, and I will meet you." As the train leaving Durban at five-forty-five P.M. does not reach Mooi River Station until twelve-fifteen A.M. it was necessary someone should meet me. Making the most of this opportunity, I left Durban the same evening. I was joined in the railway carriage by a nurse dressed in khaki-colored uniform and wearing a red cross on her arm, who informed me that she was a Colonial, and I found little difficulty in entering into conversation with her. She became quite communicative. Having been driven from her home in Northern Natal early in November, she immediately offered her services to the British Government in the hope of being assigned duty on one of the transports returning to England. These appointments were not in the hands of the medical officers in South Africa, and she was now on her way to nurse an officer's family at Pietermaritzburg, the capital of Natal. The wife of an Orange Free State burgher soon made our party three, her destination being one station beyond Pietermaritzburg. At first she appeared reserved and reticent, but after joining us in a cup of tea, the sesame to the Englishwoman's heart, she gave me considerable information regarding the feeling in the Free State. She is now a refugee, her husband remaining in their home to protect the property. She is an Englishwoman, and had married in South Africa. Should her husband be obliged to take up arms, it will be not only against his wife's country, but strongly contrary to his own feelings. The great anxiety of this poor woman seemed to be to keep her children from any knowledge of the war, and she appeared morbidly sensitive as to her own position.

The country from Durban to Pietermaritzburg is said to be very fine. During my trip daylight lasted only until we reached Pine Town, and from the coast up it was one panorama of beautiful hills, valleys, fields, and wonderful tropical plants. The sun, breaking through the scurrying clouds, gave the golden tinge which contrasted wonderfully with the intense green of the grass and trees. The road is a continual ascent from the coast up, and Mooi River is five thousand feet above the sea. Along the line of road are many kraals, built and occupied by the natives (Kaffirs) employed on the road as navvies. These are not picturesque, but are curious specimens of homes indigenous to South Africa.

It was quite dark when we reached Maritzburg, and little of the town can be seen from the station, but a surprise was in store when, after travelling a short time, we rounded a curve and looked down upon a fairy town in a valley. The electric lights shone brilliantly in the

darkness, and it was hard to realize that a scene so beautiful and peaceful should be near to a great struggle between human beings, many victims of which formed at the present time the larger part of the population. Once more we caught another glimpse of the now fast receding town.

Arriving at Mooi River, I was made most welcome. With true English hospitality, Sister Cole, superintending sister of Hospital No. 4, in spite of her many and arduous duties, accompanied Sister Kitching, and I was thus escorted by a guard of honor to the Sisters' quarters, where I found a bed and a cup of hot chocolate waiting me. This is the first night spent on shore since December 21, 1899.

Wednesday, February 21.—General Hospital No. 4 is a collection of tents on a hillside, with a commandeered hotel for officers' quarters. The streets run in parallel rows, diverging not the fraction of an inch. This hospital has capacity for one thousand beds and is the second on the line of communication. The patients are brought here from the line or rear hospitals to make room for those directly from the field.

The arrangements, from a superficial and hasty view, seem almost perfect. The P. M. O. (principal medical officer), Colonel Cleary, showed and explained to me the system employed to secure pure water by filtration and heat. The water is then distributed through the camp in pipes. This precaution is considered necessary on account of the well-known prevalence of enteric fever among the troops here as elsewhere. A large reading-room and a dining-room are in course of construction, also an operating-theatre and X-rays room, all built of corrugated iron, wood being a scarce commodity. The order that prevails and entire absence of confusion is marked, appearing as if the stages of excitement had been passed through in consecutive order, and the strict, stern sense of duty now prevailed. Patients constantly coming from the front with continual departures for the base hospital at Pietermaritzburg constituted the daily changes. Here we see in war a calamity so awful in its results, holding human life and torture in its clutches, with the price of the bullet only, scattering and blasting hopes and breaking hearts. On the other hand, we see the magnificent height to which human nature aspires and here attains in the sacrifice of self for country, and often the proof "That greater love hath no man than this, that a man lay down his life for his friend." The cemetery on the hill just beyond the camp is simple in construction; small, as one can easily see, when first required, and now enlarged for the third time. It will, we hope, in days to come be properly recognized and honored. Bowing the head in reverence we pass on.

(To be continued.)

THE QUEEN'S RECEPTION OF AMERICAN NURSES AND DOCTORS

By M. EUGÉNIE HIBBARD *

With the sad event of Her Majesty's death fresh in my mind, and while the grief of a nation—and I might add nations—is still unassuaged, it is with much gratification and pleasure that I look back a little more than thirteen months, when, having received my appointment as superintending sister of the hospital ship Maine and shortly after our arrival in London, we were, by the kindness of H. R. H. Princess Christian, extended through Mrs. Dunlop Hopkins, invited to lunch at Windsor Castle.

December 4, 1899, is a day the memory of which can never die, and is now revived by the sad intelligence of the death of one whose queenly womanly character and unbounded sympathy outlived and grew beyond the conventional restraints of court life.

Leaving Paddington by train about one P.M., we soon arrived at Windsor Station, where we alighted and found the Queen's carriages waiting to take us to the Castle. We were a small party, consisting of Mrs. Dunlop Hopkins, five nurses, and five physicians. The usual number of townspeople, curious to know for whom Her Majesty's conveyances were intended, crowded around in a respectful manner and watched us start.

After a drive of a few minutes we caught a glimpse of the stately pile called Windsor Castle, lost sight of and found again, each time presenting a different view. The country is hilly and the road naturally circuitous.

At the Castle gates the sentinels paced, and we passed beyond into the quadrangle unchallenged, and were driven to the equerries' entrance, where we were received by Lord Edward Pelham-Clinton, and after removing our wraps and adjusting our caps were conducted through St. George's Hall and various rooms of state.

Under circumstances of unusual favor we were allowed to inspect the private apartments of the Queen, and later were shown the suite of rooms recently occupied by the German Emperor and Empress. . . . Luncheon being announced, we partook of it in what is known as the Octagon Room. The view from here is very fine, the large windows on three sides overlooking the river Thames, at one of its prettiest turns,

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and Eton Hall. The sun, bursting from its bonds of December clouds, added much to the scenery and to our spirits.

During luncheon it was intimated that Her Majesty would receive the nurses and doctors in her private sitting-room at three o'clock.

After receiving this information the luncheon played a minor part, and we soon arose, feeling satisfied we were sufficiently strengthened to partake of the crowning honor we had scarcely dared to hope for. . . .

At the time stated we were escorted by Lord Edward Pelham-Clinton to Her Majesty's private sitting-room, accompanied by Mrs. Dunlop Hopkins. The Queen entered supported by her faithful Indian attendants. Princess Henry of Battenberg and Princess Christian were also present, and in attendance was the Dowager Lady Southampton.

Mrs. Dunlop Hopkins was first received by the Queen, and Princess Henry of Battenberg intimated to her Her Majesty's wish that each nurse be named, which was done, each one coming forward and courtesying profoundly. Following my presentation were the four Sisters, Miss V. Ludekins, Miss J. Manly, Miss M. MacPherson, and Miss T. MacVeau. To each one Her Majesty bowed acknowledgments, and looking at us for a moment, smiled, then graciously said:

"I am very pleased to see you. It is very sweet of you to have come, and I want to say to you how much I appreciate your kindness in coming here to help take care of *my men.*"

The doctors were then named to the Queen, who said a few words of thanks also to them, and we retired.

Her Majesty's expression and tone of voice betrayed the keen interest she took in the war and the sympathy it elicited from her personally.

I feel the greatest honor has been conferred upon us and our profession by this generous act of Her Majesty (the Queen of a most conservative court) in sending us out to South Africa with such kind words of appreciation, which will ever live in my heart. A twilight now reigns over the memory of my visit to Windsor Castle, colored like the rainbow hues that fall in Gothic cathedrals through variegated windows, and the atmosphere is filled with the odor of rosemary.

WE always like those who admire us; we do not always like those whom we admire.—LA ROCHEFOUCAULD.

A MAN'S mind is known by the company it keeps.—LOWELL.



MRS. DITA H. KINNEY

MRS. DITA H. KINNEY

PERHAPS the most conspicuous woman in the nursing profession to-day is Mrs. Dita H. Kinney, who is in charge of the Nurse Corps of the United States Army.

Mrs. Kinney is a native of New York State, and received her education at Mills College, California. She was married in 1874, but was left a widow four years later, with one son. She graduated from the Training-School of the Massachusetts General Hospital in 1892.

Mrs. Kinney's first work after graduating was in the lecture field. In several cities in New England she gave series of lectures on nursing subjects that were very successful. For three years Mrs. Kinney was employed by the Massachusetts Emergency Hygienic Association of Boston to carry on a peculiar line of work for them, which consisted in teaching the poor mothers residing in the tenement-houses the fundamental principles of hygiene and of the care of their children, lecturing to associations of young women connected with churches, Christian Associations, etc., also starting the work of training attendants for assistants to trained nurses. As this engagement only occupied her eight months in the year, Mrs. Kinney carried on the same line of work during the summer months in several other cities. In institutional work Mrs. Kinney has been connected with the Almshouse Hospital on Long Island, Boston Harbor; the City and County Hospital, St. Paul, Minnesota, and the French Hospital, San Francisco.

Mrs. Kinney has also done some private nursing. She entered the army at the outbreak of the Spanish-American War, and was stationed at the Presidio, but was released from this detail to assume charge of a convalescent home for soldiers which was established by the Red Cross ladies in the foot-hills back of Oakland, remaining until the home was no longer needed and was closed. She then returned to her old position at the French Hospital, where she remained for eight months, but, finding conditions impossible, she again resigned and reëntered the army, where she served as operating-room nurse for one year at the Presidio.

When the Government Hospital at Nagasaki was projected, which was to have been an eighteen-hundred-bed affair, for the sick of the allied troops from China, having been recommended for promotion, she was given the appointment of chief nurse. The arrangements went so far that the medical supplies were on the dock, the commanding officer had left San Francisco, and a body of ten nurses had been sent from the East, when the scheme was abandoned. Then followed a short detail as chief nurse at Fort Bayard, New Mexico, from which place she was ordered to report to the Surgeon-General in Washington, where she was

offered the position made vacant by Dr. McGee's resignation, the charge of the Army Nurse Corps.

Mrs. Kinney is unquestionably a woman of culture and experience. Her professional training is of the best. She has occupied executive positions creditably, and she is familiar from hard experience with the existing conditions in the army. She would seem to be an ideal woman for this most difficult position, and she should receive the most cordial support of the women of her profession.

THE DUTIES OF AN OPERATING-ROOM NURSE

By MARTHA LUCE
Boston

The duties of an operating-room nurse, especially if they include the care of the sterilizing-room, are very numerous. They require a knowledge of the principles of asepsis, careful attention to details, and much forethought in the preparation of supplies.

The care of the operating-room includes dusting with clean, damp cloths, polishing of glass, tables, and utensils, careful supervision of floor-scrubbing and metal-polishing, and the regulation of the temperature and ventilation of the room. In addition to the daily cleaning, it is desirable to use a solution of corrosive sublimate (1 to 3000) before an operation, especially before a laparotomy, and all basins to be used for sterile water or any of the antiseptic solutions should be thoroughly cleansed with the same strength of corrosive solution.

All bottles of solutions and jars of dressings must be kept filled, and there must be a supply of bandages (gauze and cotton rollers), pins, and sterile gauze and cotton. Sterile glass irrigating-tubes, catheters, and vaginal douche tubes are kept in ninety-five per cent. alcohol, also a few rubber drainage-tubes.

The surgeons' retiring-room must be kept in perfect order, and supplied with soap, nail-brushes, orange-wood sticks, and towels. Special nail-brushes are reserved for laparotomies. Each one is pinned up in a piece of compress, boiled twenty minutes, and kept in corrosive sublimate solution (1 to 3000).

In the sterilizing-room are usually kept supplies of sterile goods, rubber gloves, ligatures, needles, dressings, and salt-solution, and here the nurse makes most of her preparations. Gowns, sheets, towels, and sponges have to be folded in the regulation way and pinned securely in a double thickness of cotton cloth, each package being marked to specify

its contents and the date of sterilization. Gowns are folded so that the button-side of the yoke is on the outside, and only one is put in a package. Large sheets are placed two in a package and draw-sheets three in a package, both being folded compactly and uniformly. Small towels are put two in a package, and large ones only one. Gauze sponges of two or three sizes can be made by carefully folding cut gauze in such a way that all the edges are securely turned in and no sewing is necessary.

Wicks and strips of various widths may be made of gauze, the commonest width in general use being strips three or six inches wide. Six or eight may be placed in each package, according to the plan adopted. Sponges also are counted before being put in packages.

Pads made of gauze and absorbent cotton may be of any size desired, and may be put up singly or with a specified number in a package.

Gauze is also cut, rolled several layers thick, and placed in cylindrical tin boxes, to be sterilized by dry heat for aseptic dressings. Sheet-wadding folded in single sheets is also sterilized in the same way to cover the gauze dressings. All these goods are sterilized for two hours and a half, and if the "fractional process" is used, an hour on each of the two succeeding days.

A supply of sterile goods is reserved for emergencies as well as for regular cases.

In addition to the sterile goods, the nurse prepares iodoform gauze and various kinds of packing and tampons.

The instruments for all operations are selected by the surgeon or his assistant, and, with the exception of the knives, are wrapped in strong cotton cloth for sterilization. The knives are cleaned with soap and water, ether, and alcohol (ninety-five per cent.). They are wrapped in separate sterile towels and boiled three minutes, but the rest of the instruments are boiled one-half hour in water to which a small amount of bicarbonate of soda has been added.

Most surgeons have individual preferences in the choice of needles, ligatures, etc., and it is the duty of the operating-room nurse to acquaint herself with these preferences, and to carefully prepare what each requires for his use.

If silk ligatures are to be used, four sizes are selected, and a dozen ligatures (twenty-four inches long) of each size are fastened in a towel, each size being pinned in a separate strand.

Silkworm-gut (from twelve to eighteen ligatures) is enclosed in a clean test-tube, the open end being closed by an absorbent-cotton plug secured by a piece of gauze and a rubber band. Both silk and silkworm-gut are sometimes subjected to one hour's dry sterilizing before being boiled. They should be boiled one-half hour in clear water *without* soda.

Catgut (both plain and chromicized) and kangaroo-gut come prepared in sterile tubes, but one-half hour's boiling does not injure them, and the process makes one chance less of infection.

Needles of proper sizes and shapes, according to the operation, are run into towels and boiled with the instruments. In many ways it is better to have the needles and ligatures sterilized separately, and the sutures can be threaded easily as they are required. "Intestinal sutures" (which are ordinary number nine sewing-needles threaded with fine silk) and "carriers" (which are threaded with coarse silk doubled to form a loop) are prepared beforehand.

A few large safety-pins should be boiled with the instruments, and may be used to secure sterile sheets and towels which surround the field of operation. Silver wire, if needed, may be boiled with the instruments.

Rubber gloves are tied together in pairs with pieces of cotton bandage on which is marked the wearer's name. A few cots should be placed with them in a towel, to be used in case a glove-finger becomes punctured. These should be boiled three minutes. Rubber tubing which may be used for salt-solution irrigation should also be sterilized by boiling.

To have all these things ready before the operation requires careful planning, as one sterilizer frequently does duty for everything except the sterile goods, which are done by the dry process.

The operating-room nurse is responsible for every detail of the preparation, including the careful instruction of her assistant nurse. If all has been well done, it will prevent awkwardness and delay during the progress of the operation.

(To be continued.)

SULPHUR AS A PREVENTIVE OF MOSQUITO BITES

One of our readers informs us that, having seen a statement in some English medical journal to the effect that sulphur, taken internally, would protect a person against flea-bites, it occurred to him to try it as a preventive of mosquito bites. Accordingly, he began taking effervescing tablets of tartar-lithine and sulphur, four daily. He provided himself with several lively mosquitoes, and having put them into a wide-mouthed bottle, inverted the bottle and pressed its mouth upon his bare arm. The mosquitoes settled on his skin, but showed no inclination to bite him. If this gentleman's experience should be borne out by further trials, it might be well for persons who are particularly sensitive to mosquito bites to take a course of sulphur during the mosquito season, especially in view of the growing opinion that the mosquito is the common vehicle of malaria.—*New York Medical Journal.*

PRACTICAL POINTS ON PRIVATE NURSING

IN CHARGE OF

ISABEL McISAAC

DIPHTHERIA

By JAMES B. HERRICK, M.D.

Associate Professor of Medicine, Rush Medical College, Chicago

(Concluded)

The question may now be asked, "How is it that diphtheria is cured by nature?"—for we know that nature does in many cases work a cure, and we must be free to admit it. It has been proven by experiments which need not be detailed here, experiments chiefly on the lower animals, that in the animal suffering from a diphtheria toxæmia there gradually develops an antidotal substance to which the name antitoxin has been given. This is just as truly an antidote to the toxin as an acid is an antidote to an alkali. If we know that a patient has taken a poisonous dose of an alkali, we put into that patient's stomach some acid, as, for instance, acetic acid in the shape of vinegar. If we know that the patient has within his body a poisonous dose of diphtheria toxin, it is rational to follow nature's method and give to that patient the antidote in the shape of antitoxin. This is the modern treatment of diphtheria. It is merely an imitation of nature. It has been found that by treating horses by a certain method, by the repeated injections of diphtheria toxins, the blood-serum of these horses develops a large amount of antitoxin. This antitoxin injected into a human being renders him for the time being immune to diphtheria. Then, though the diphtheria germ may lodge on the throat and produce its toxins, these toxins will not produce any of the constitutional symptoms of the disease because of the presence in the blood of this antidote, the antitoxin.

This immunity lasts only for a short time, for a few days or weeks. It has been further found that even though a susceptible person be infected with the diphtheria germ, and have the diphtheritic process fully established in the throat, and the diphtheria toxæmia well advanced, a sufficient amount of antitoxin injected into the circulation may neutralize the effect of the toxin and check the further advance of the local

process in the throat. It can be clearly seen that the earlier this treatment is employed, the better for the patient. The longer the toxæmia has lasted, the greater the changes that have been produced in the heart, nerves, and kidneys; the greater the degree of anæmia, the greater the prostration of the patient. Therefore, it becomes almost an axiom in the treatment of diphtheria that the earlier the antitoxin is applied, the better the prognosis.

The method of using antitoxin is practically the method of giving an hypodermic injection. The serum comes in little glass vials of different strengths and containing varying amounts, which the physician employs, depending on the severity of the case, the age of the patient, the length of time the disease has lasted. If he desires to give the antitoxin to induce immunity, he may give a small dose, two or three hundred units, for the antitoxin is figured by units rather than by drops or cubic centimetres, thus insuring the proper dose, no matter what the degree of strength of the antitoxin may be. If the disease is already present, he may give a thousand units or fifteen hundred units, which is perhaps the average dose administered, or in severer cases, and particularly those far advanced, the initial dose may be two or three thousand units or even more. He may repeat the dose in twelve or twenty-four hours, as may seem best. In administering the remedy the greatest care is to be exercised that the little operation is done under aseptic precautions. The field of operation—that is, the skin—is sterilized in the usual manner by soap, water, and alcohol; the needle and the syringe must be thoroughly cleansed, and syringes are commonly constructed so that sterilization by boiling can be secured; the hands of the operator and the nurses who assist, the towels, the cotton,—everything that is employed,—should be thoroughly cleaned. The fluid is drawn up into the sterile syringe and the injection is made into the subcutaneous tissue, great care being taken that it is not made into or between the layers of the skin. The point selected varies, some preferring to inject between the shoulder-blades, and others preferring the back or side of the hip or back of the thigh. The injection, as a rule, causes but slight pain. The slight wound is sealed with cotton and collodion, and the patient is not allowed to pick or scratch at the cotton or to lie upon that portion of the body, as the skin is sometimes a little reddened and irritated after the injection.

One caution may be given here regarding the injection. The manufacturers have reported that some specimens of antitoxin have been returned to them as poor, because, when about to be used, they were found to be muddy, and often somewhat thick. It has happened in some of these cases at least that the nurse or the physician has used the syringe

immediately after it has been sterilized and when it is very hot. The serum drawn into the hot syringe has its albumin coagulated, and this renders it muddy. The syringe should, therefore, be cold, or at least cool, when it is used. And no alcohol should be allowed to remain in the syringe, as this also may coagulate the antitoxin.

In cases where the antitoxin works favorably the good result will usually show within a period of from twelve to sixteen hours. There is a lowering of the temperature, an improvement in the pulse and general condition of the patient, and on examining the throat it is found that the membrane has not spread, and that there is a tendency for it to curl up at the edges. Within another twenty-four hours it may have entirely disappeared. The change that is wrought in a severe case of diphtheria by an injection of antitoxin is little short of marvellous. A child that was dull, stupid, perhaps slightly delirious, with rapid, feeble pulse, high temperature, with swollen neck, rapidly-spreading membrane in the throat, is in twenty-four hours converted into a bright, intelligent child with normal temperature, pulse of diminished rapidity, and with the swelling in the neck lessened, and the membrane, if it has not entirely disappeared, at least showing a tendency to slough.

Those who have had the greatest experience with the antitoxin are those who are loudest in its praise. Those who have had but a slight experience, perhaps using a poor preparation of antitoxin and using it in too small doses, using it late in the disease, have met with less favorable results and are prejudiced against it. The prejudice of those who have never employed it at all should scarcely be considered. The reasons for failure are the late employment of the remedy, mixed infections, that is, mixed septicæmias and toxæmias, and possibly some idiosyncrasy of the patient that we do not know about.

This, in brief, is the modern treatment of diphtheria, and yet, while the physician of to-day leans heavily on antitoxin and feels that in it he has a remedy that really acts as a specific, he should not forget that the older methods of treatment are not to be overlooked. Thus, attention should still be directed to the throat, for, while he cannot hope to destroy all the germs or prevent the absorption of the toxins, it is possible that he may destroy by antiseptic gargles, sprays, or swabs many germs, and thus lessen the amount of toxin that is manufactured. Physicians differ very much in their preference for local applications, some preferring that the application be made with a swab in spite of the struggles of the child, and others, and as it seems more wisely, preferring the spray to the swab, especially if the child is nervous and struggles and fights every time an application is made to the throat.

It is not the purpose of this article to advocate any one special drug

in the local treatment of diphtheria, and the nurse in performing her duty simply carries out the directions of the attending physician. Local applications to the outside of the throat are frequently made, either in the shape of cold, which would seem preferable, or in the shape of hot fomentations, which relieve the pain and sometimes seem to take down the swelling. With the fear of cardiac failure, it is clear that the patient should be kept quiet in bed, and wherever there is a tendency to irregularity of the pulse, and when for some unaccountable reason the pulse becomes slow, often unnaturally slow, dropping to 40 or 50, absolute quiet should be insisted upon, as these are warnings that the heart is weak and may give out suddenly.

The nourishment question is a problem which is often difficult to solve. In many instances the patient with no appetite, with perhaps nausea and pain on swallowing, is rather difficult to feed, and yet feeding in a prolonged case is of the utmost importance. This taxes the ingenuity and patience of the nurse to the utmost. As a rule, the nurse, with tact and perseverance, will be able to get her little patient to take milk or whatever food may be selected. In some cases of prolonged disease, particularly where post-diphtheritic paralysis ensues, it may be necessary to resort to feeding by the stomach-tube or the nasal tube, although these cases are rare.

The care of the skin, the sponging for temperature, the attention to the bowels, will be the same in diphtheria as in any other acute fever. Realizing the importance of elimination, we see how necessary it is that the skin should be kept clean and that the kidneys and bowels should be kept open. It is certainly a good rule in cases of diphtheria to allow the patients plenty of water, as the kidneys are thereby flushed out, and they tend to carry off the toxin of the disease.

The question is frequently asked, "How can a nurse taking care of a patient sick with diphtheria best avoid contracting the disease herself, and how can she prevent the spread of the disease to other members of the family?" While there is no space to go into details, one may say that if the nurse fully realizes the nature of the disease—that it is due to a micro-organism, that that micro-organism is in the throat and nose of the patient, that every bit of membrane, that every bit of discharge from the nose, that the saliva, and even the air that is exhaled in the act of coughing, may contain numerous micro-organism—she will be ingenious and devise means of preventing the spread of the disease and the danger of contracting it herself. She will be as anxious about the sputum and nasal discharges as in cases of tuberculosis. There will be sputum-cups that can be emptied and thoroughly sterilized, or there will be bits of cheese-cloth that can be burned, instead of the handker-

chief or towel that the parents may prefer to use. The clothing of the patient and the bedclothes will not be allowed to go to the general wash. The dishes, knives, forks, etc., will be washed in the room, or will be boiled thoroughly before being put with the other table utensils. The members of the family will be kept from the patient as far as possible, and where practicable a separate room with good ventilation will be secured. A sheet, covered with some antiseptic, should be hung up in front of the door to catch particles of dust that might be carried out into the hall or other rooms by the current of air. The little patient will thus be practically quarantined together with his nurse.

If the nurse will remember two simple directions, she will avoid the greatest danger of contagion. One is, not to let the patient cough or breathe into her face. The other is, not to touch herself with her hands, that have been in contact with the patient, until they have been thoroughly washed and in this way sterilized. There can be no question that most cases of diphtheria arise from actual contact of the particles of membrane from the throat of the patient with the body of the healthy individual. This contact occurs either by the act of coughing or by the membrane being brought to the body of the healthy individual by the hands or fingers.

In this short portrayal of the subject of diphtheria there is much that is old. It is the same old disease that it was decades ago, with the same local manifestations in the throat, the same constitutional symptoms, the same danger of heart failure, the same tendency to post-diphtheritic paralyses, the same danger to others; but viewed in the light of modern pathology and bacteriology, the entire disease takes on a new and different aspect. It is viewed from a different stand-point, and with the modern conception of the disease we see more clearly the dangers and can more readily avoid them. Furthermore, with antitoxin the physician of to-day feels as though he had a weapon that can cope with the deadly microbe of this terrible disease.

CHILDREN'S DEPARTMENT

IN CHARGE OF
LOUISE C. BRENT

THE FEEDING OF CHILDREN

By JOSEPH ROBY, A.B., M.D.
Rochester, New York

So MUCH has been written of late in the medical journals on the subject of food, and especially of infant feeding, that it seems as though any further article would be superfluous, except that in this case the seed is to fall on new ground and good ground, for the nurse has an exceptional opportunity to instruct the young mother.

It is well to understand at the outset the need for the different kinds of food and what these foods are. The chief uses of food are (1) to form the materials of the body and to repair their waste; (2) to yield energy in the form of heat and power, for one cannot make something out of nothing, and the child will not grow and increase in weight without some building material, neither can it run without fuel.

All foods, no matter how different they may appear when on the table, can practically be put into five divisions,—(1) protein, (2) fats, (3) carbohydrates, (4) salts, and (5) water. Of these five, three are absolutely necessary to life, protein, salts, and water, existence being possible without the others. Protein is here used as a broad term to include all the organic compounds of nitrogen. The most important subdivision of this class is the albumins, for without this food man cannot exist. These are the building materials of the body, and are represented by the curd, or casein, of milk, the white, or albumin, of the egg, and the gluten of wheat flour.

After digestion by the gastric juice in the stomach or by the pancreatic juice in the intestine, they are taken up by the blood in another form of albumin and carried to the muscles, liver, brain, etc., to make new cells or to repair the old ones. These albumins go to make up another very important thing in the body, namely, the hæmoglobin, or red coloring matter of the blood—the oxygen-carrier, without which in normal amount a vigorous mental or physical life is impossible. As practically every part of the child's body is growing and increasing in

size by the addition of new cells made of albuminous material, it is necessary that there should be a proper amount of animal food in the diet, for animal food yields the most proteid.

The fats, examples of which are the fat of meat, butter-fat in milk, olive oil, or the oil of corn and wheat, serve for fuel that is burned up as oil burns in a lamp, only more slowly, and partly are stored up as body fat.

The carbohydrates, which include all the various forms of starch and sugar, act as fuel and are also transformed into fats and stored up in the body as such. The child needs proportionately more of this kind of food than the adult, for the child's nutritive processes are more active, the heart works proportionately harder, and the muscles of a healthy child are kept in almost constant motion. In man the correct nutritive ratio is one to five or six,—that is the ratio of the albuminoids to the fuels calculated in fuel value,—while the mother furnishes her baby with a food having a nutritive ratio of one to ten or twelve.

All of the food materials contain some or all of these nutrients in different quantities, and for this reason, as well as for the fact that in some of the foods one kind of nutrient is more completely or more quickly digested than it is in another, it is impossible to say that under all conditions any one food is the best food. For example, a child with a tendency to constipation needs a food such as oatmeal or fruit, that leaves an undigested residue, that will mechanically irritate the intestine to increased activity, and one suffering from diarrhœa a food such as milk, that is completely digested and therefore leaves no undigested residue to irritate the already inflamed intestine. So that in deciding upon what is a good food for a child it is necessary to consider:

1. The quantity of the nutrients in the food.
2. The rapidity of digestion.
3. The completeness of digestion.
4. Among the poor, the cost of the food.

It is the intention in this paper to give a few general considerations of food and its nutrient value, and in a subsequent paper to give more particular ideas for feeding children between the ages of one and twelve or fifteen.

For a child, as for an adult, a great deal depends upon the cooking of the food, the method of serving it when cooked, and the state of the mind of the child at the mealtime. An attempt should always be made to have the food look attractive and clean. If the food is meant to be hot, it should be hot, and not lukewarm or cold. "Palatability and digestibility go hand in hand, and the intelligent preparation of a so-called cheap or tough piece of meat, for example, may result in as diges-

tible and nutritive product as the more careless preparation of a piece of tenderloin."

Roasting is more economical than boiling, because in boiling part of the nutritive matter is dissolved out and thrown away with the water. Frying is also more economical than boiling, but it is very probable that the resulting product is not quite so digestible as when the meat is roasted, owing to the more intimate admixture of fat, which is not digested at all by the stomach, but it has the advantage of getting an increased amount of fuel food into a thin child, provided the child's stomach digestion is not interfered with by the presence of the fat. Vegetables and cereals should be well cooked and meats more rarely cooked as a general rule. Vegetables, such as potatoes, boiled with the skins on, retain more of the nutrients than when peeled before boiling. Potatoes and oatmeal especially should be thoroughly cooked before being fed to children.

A mixed diet is the best one for man, as experience has proved and is proving every day. It is only necessary to look at the lips of a few children brought up to a large extent on a vegetable diet to be convinced. Neither is a diet of animal food alone to be recommended for a child, as it would throw a great strain on part of the system to use the albumins as fuel in place of the usual starch or sugar. The diet, besides containing animal food, cereals, vegetables, and fruit, should not be a monotonous one. It is well to change the cereals from time to time. A child who is not eating well at home will very often develop an enviable appetite at the house of a friend or relation.

Change of air and scene greatly improves the appetite. The state of the mind at the time of eating probably does not affect the digestion as much as it does in adults, in whom by anger or great mental excitement the process can practically be stopped, but it must have some influence. The meal should be as pleasant and happy as possible, and the child's training, except for table manners and what it should or should not eat, left for some other time. The meal should not be hurried. The food should be masticated well. A great many children grow up with a dietary very much limited. How often one sees a child who does not eat any potatoes or bread or oatmeal, and how difficult it is, when they get older and begin to visit, to pick out something that they are willing to eat. A child who is old enough and well enough to eat all kinds of plain food should be taught to do it. "There are children who acquire a dislike for meat and who persistently refuse it until they become anæmic and feeble, and there are others who refuse fresh vegetables, which they need. It is a great misfortune for a child to be indulged in such likes and dislikes. How often is the physician baffled in the treatment

of a severe disease like typhoid fever, which requires a milk diet, by the patient insisting he has never been able to drink milk since childhood. If there is any taste which is natural to all men, it is that for milk, upon which all must live during infancy. . . . And there is no reason why children should not retain a normal fondness for it." (Thompson.)

In the appended list it can be seen that the proteids of animal food are in a general way more completely digested than those from vegetable food; that with the exception of peas, twenty-four per cent., beans, twenty-two per cent., and lentils, twenty-six per cent. (all dried), animal food contains more protein than vegetable; that fat is found mainly in animal food, slightly in cereals, and least of all in vegetables; that starch or sugar is absent from animal food except milk. To understand the list, take milk, for example. It means that in one hundred ounces 3.6 ounces are protein, all of which is digested; four ounces are butter fat, 3.8 ounces being digested, and 4.7 ounces are sugar, all of which is digested, the other 87.7 ounces being 0.7 ounces of salts and eighty-seven ounces of water.

BULLETIN 21. UNITED STATES DEPARTMENT OF AGRICULTURE.

TABLE 14.—*Estimates of Proportions of Digestible and Undigestible Nutrients in Food Materials.*

FOOD MATERIALS (EDIBLE PORTION).	PROTEIN.			FATS.			CARBOHYDRATES.		
	Digested.	Undigested.	Total.	Digested.	Undigested.	Total.	Digested.	Undigested.	Total.
Beef:	*P. ct.*	*P. ct.*	*P. ct.*	*P. ct.*	*P. ct.*	*P. ct.*	*P. ct.*	*P. ct.*	*P. ct.*
Shoulder	19.5		19.5	14.8	0.8	15.6			
Sirloin	18.5		18.5	19.5	1	20.5			
Round	20.5		20.5	9.6	.5	10.1			
Veal, shoulder	20.2		20.2	9.3	.5	9.8			
Mutton:									
Shoulder	18.1		18.1	21.3	1.1	22.4			
Loin	15		15	33.3	1.7	35.0			
Pork:									
Shoulder	16		16	31.2	1.6	32.8			
Very fat	.9		.9	78.7	4.1	82.8			
Eggs	14.9		14.9	10.3	.2	10.5			
Milk	3.6		3.6	3.8	.2	1	4.8		4.7
Butter	(?)	(?)	1	81.6	3.4	85	.5		.5
Cheese:									
Full cream	28.3		28.3	33.7	1.8	35.5	1.8		1.8
Skim milk	38.4		38.4	6.5	.3	6.8	8.9		8.9
Haddock	16.8		16.8	.3		.3			
Bluefish	19		19	1.1	.1	1.2			
Cod	15.8		15.8	.4		.4			
Shad	18.6		18.6	9	.5	9.5			
Mackerel	18.8		18.8	7.8	.4	8.2			
Halibut	18.3		18.3	4.9	.3	5.2			
Salmon	21.6		21.6	12.7	.7	13.4			
Wheat flour:									
Fine	9.4	1.6	11	.9	.2	1.1	71.1	3.8	74.9
Medium	9.5	2.2	11.7	1.4	.3	1.7	68.1	3.6	71.7
Cracked wheat	8.9	3	11.9	1.4	.3	1.7	70.9	3.7	74.6
Maize meal	7.8	1.4	9.2	3	.8	3.8	67.1	3.5	70.6
Rice	6.3	1.1	7.4	.3	.1	.4	75.4	4	79.4
Potatoes	1.6	.5	2.1	(?)	(?)	.1	17	.9	17.9
Turnips	1	.2	1.2	(?)	(?)	.2	7.8	.4	8.2
Beets	1.2	.3	1.5	(?)	(?)	.1	8.5	.4	8.9
Wheat bread	7.1	1.7	8.8	1.4	.3	1.7	53.4	2.8	56.2
Rye bread	6.5	1.9	8.4	.4	.1	.5	56.7	3	59.7
Graham bread	7.1	2.4	9.5	1.1	.3	1.4	50.6	2.7	53.3

EDUCATIONAL

IN CHARGE OF

ISABEL HAMPTON ROBB

THE PRELIMINARY EDUCATION OF NURSES

By M. ADELAIDE NUTTING

Superintendent of Nurses, Johns Hopkins Hospital, Baltimore, Maryland

In looking over the field of nursing and noting the remarkable improvements made in some directions, our attention is drawn to one particular phase of our work in which certain departures have been made from ordinary methods which seem to us significant of tendencies of thought, and as such to be worthy of careful consideration. The changes referred to are the establishment in some schools for nurses of what is called "preliminary training," meaning, briefly, a period set apart for the preparation of the pupil nurse by some preliminary instruction before permitting her to proceed with the further training provided by practical work in the hospital wards. From the fact that these changes have been established in schools widely remote from one another, and without communication or common impulse, it would seem that each school must be responding in its own way to a recognized need in its work.

The first school, so far as we know, to demonstrate the existence of such a need by making provision to meet it was the Glasgow Royal Infirmary, which in January, 1893, established a course of preliminary training extending over a period of three months. This plan of preliminary instruction included courses of lectures and demonstrations in anatomy, physiology, bacteriology, and hygiene, in the principles of therapeutics, in cookery, and in ward work. The course was divided into two parts; the first, consisting of lectures, etc., was delivered at St. Mungo's College; the second and more advanced part was given at the hospital. Entrance upon the second half of the course was conditional upon passing the examinations of the first. The fees for the full course were about five pounds, the pupil providing board and lodging for the three months at her own expense.

In establishing this course of instruction the superintendent of

nurses, Mrs. R. Strong,* referred to her experience in hospital nursing, extending over thirty years, which had made it evident that a pupil requires a certain amount of technical knowledge before she can reap any benefit from the practical part of her work or be of service to others; that the ignorance of a probationer is a dangerous ignorance, greatly lessened by preliminary instruction and training, and that a further advantage is derived from the uniformity of such instruction. Of great importance also was the removal of that serious interference with the proper administration of the work in the wards which resulted from taking away pupils at irregular hours to attend classes and lectures.

A somewhat similar course of training to that which has been outlined above was established at the London Hospital about 1895.† It differs from that of the Glasgow Infirmary in the following points: in length, which was about six weeks; in some of its subjects; in providing board and lodging free of expense, and in the fact that it was expressly stated to be established for a limited number of selected candidates.

Pupil probationers received instruction in and were required to perform such household duties as would subsequently fall to their share when admitted to the wards. These included sweeping, dusting, etc., but no cleaning of grates nor scrubbing. They were expected to become quick and thorough in accomplishing such portions of ward work as would shortly become a part of their daily routine in the hospital. They were also expected to become proficient in sick-room cookery, in bandaging, and in such details of practical nursing as could be taught previous to their actual attendance on the sick. In addition, they were to have the advantage of attending lectures and classes on elementary physiology, anatomy, and hygiene especially arranged for their benefit.‡

This idea was further developed in the Dublin Technical School for Nurses, which was established as a central place where probationer nurses

* "A Plea for Uniformity of Education in Nursing," by Mrs. R. Strong, superintendent of nurses, Glasgow Royal Infirmary. Published in *Trained Nurse*, January, 1895.

† The writer is not informed as to the exact date on which the London Hospital established this course of training, but remembers first hearing of it in the year 1895 as something quite recently inaugurated.

‡ A recent comment upon this system, cut from the *Nursing Record*, may be accepted as some evidence of its value: "Preliminary training for probationers at the London Hospital has proved so successful that the system is now being greatly extended. Tredegar House, Bow Road, where pupils have been received for preliminary instruction in technical details, has failed to meet the demand for such instruction, so the committee has acquired the adjoining house, which will enable all probationers to be received for this teaching before passing into the hospital wards for practical trial."

from all hospitals could attend to receive instruction in anatomy, physiology, hygiene, and cookery, after first passing required examinations in English.*

On this side of the Atlantic we find what seems to be an outgrowth of a similar idea in the School for Nurses at Waltham, Massachusetts. Here the first six months of the three years are set aside for the preparation of the pupil for her practical work later, and are called a probationary period. During the first term of the probationary year instruction is given in anatomy and physiology, in chemistry and hygiene, in the principles and practice of asepsis, in all branches of practical housekeeping, especially housekeeping for the sick, and in the care of infants and convalescents. At the end of six months, probationers who have passed satisfactory examinations and who have proved their efficiency in all of these branches are given nursing service in the wards of the Waltham Hospital. As, in addition, "during the first term of the junior year student nurses are assigned to nursing service in the private practice of their physician-instructors," it is evident that this is not preliminary training in the sense in which it has been established in the schools before referred to. Practical nursing work, done outside of the hospital instead of in it, is apparently performed by the probationer from the date of entrance. This is done partly under supervision and partly without it, as the accompanying extract from the circular will show:

"A distinctive feature of the school is the training given in district visiting nursing. As has already been stated, the probationers are taken out by the superintendent or her assistants to such work, beginning with the more simple cases. Several thousand such visits are made during each year. On these nursing visits they are taught how to wash and dress infants, how to care for lying-in women, how to make clean and comfortable convalescent patients and helpless chronic invalids who either cannot afford or do not need continuous nursing. After the probationer has satisfied her teachers of her ability to do well the nursing service required at one place, she makes the visit by herself on the following days until the patient recovers or until another probationer is taken there to be taught, and she is transferred to a more difficult case."

The course at this hospital cannot, therefore, be considered in any sense an adequate preliminary course.

That some preparatory instruction of the pupil before permitting her to enter upon practical training in the hospital wards is a neces-

* A recent letter from Miss Huxley says, "We have every reason to be pleased with the results."

sity is an idea, then, which has taken definite form in a course of instruction provided for that purpose in three important centres.

It is of further interest to us to see to what degree such ideas may be held by others representative of the nursing profession and competent to judge of its needs. From recent papers and addresses given before our nursing societies we find evidences of the general tendency of thought in such statements as follow: * "There is no present prospect for the nurse of gaining her theoretical knowledge as the young doctor does his before entering the hospital wards. This in itself would be of infinite value, and would render the nurse's work both intelligent and interesting from the outset."

Again we quote: "The time may not have arrived for training-schools in this country to take such a long step in advance as to adopt the plan of the Glasgow Royal Infirmary in giving a preliminary course of instruction. Boards of Trustees might demur at the additional expense, and it might take a good while to educate them to an appreciation of its advantages." †

And again: "A knowledge of housekeeping, so essential in a nurse's work, is so often found lacking in the young women who make application, that until domestic economy becomes a branch of education in our public and private schools I fear we cannot hope for much improvement. The home training is all that can be counted upon, and we know this part is often most sadly neglected. This would seem to be a most important requirement for a course in nursing." ‡

In a recent number of the London *Nursing Record* we note that the necessity for this preliminary training is very strongly urged by Miss Stewart, matron of St. Bartholomew's Hospital, one of the oldest and greatest and most important hospitals in the world. Apart from these publicly expressed views, which the writer has noted in the way in which one always appropriates evidence bearing upon a matter much in one's thoughts, the general concensus of private opinion has almost invariably been, "It is an excellent idea, but how can we carry it out?"

The natural and inevitable inference from these statements is that existing methods of instruction in hospital training-schools have proved unsatisfactory in this particular direction and are in need of reform. The methods in general use in these schools at present conform very

* "How to Prepare Nurses for the Duties of Alumnæ," by Miss Lucy Walker, superintendent of nurses, Pennsylvania Hospital, before the Superintendents' Society. *Nursing Record*, April 15, 1899.

† "Uniformity in Methods of Teaching Ward Work," by Miss Riddle, Boston City Hospital. (1898.)

‡ "What has been accomplished towards a Uniform Curriculum," by Miss M. W. McKechnie, superintendent of nurses, New York Infirmary for Women.

little to such as have been accepted as intelligent and effective in other educational institutions of somewhat similar scope and purpose. The school for nurses claims standing-room among schools whose purpose it is to teach a profession, precisely as the medical schools teaches its graduates to practise medicine, or the law school prepares its graduates for admission to the bar. The scope of such a school is bounded only by the largest conception of the requirements of that profession, by the aspirations and ability of its faculty, and the means at their disposal. All professional schools, therefore, having largely one purpose, it may be assumed that they should possess a certain general similarity of methods, such as definite requirements for admission, and such a graded arrangement of the subjects of instruction that the student may be carried forward in his studies from year to year in an orderly and logical way. Requirements for admission to all professional schools vary greatly in the different professions and in different schools of the same profession, but they are the subject of continual agitation and continual improvement. Not only is it demanded that the applicant for admission to great professional schools shall have a good foundation in general education, or, better still, a college degree, but that he shall have been in some way prepared for the professional school by studies which are directly preliminary, and the tendency of schools and colleges is to so prepare the student by electives. The college degree in an applicant for admission to a medical school may in fact stand not only for general preparatory knowledge, but also for special attainments in the line of biology, physics, and chemistry, all leading up to practical work and having an important bearing on his future career. In a proper and logical system of education the acquisition of new knowledge must depend to a considerable extent on what has been previously acquired.

How far do training-schools for nurses conform to the requirements of such a system? What are our requirements for admission? What are our methods of instruction? An inspection of such circulars as are furnished by our schools for the information and instruction of applicants shows plainly that we have few arbitrary requirements of any kind, and these relate mainly to age, size, and physical conditions. Stress is usually and wisely laid upon good character as an essential, but upon the important point of educational qualifications or attainments, such as might reasonably be supposed to prepare one for a profession, there is a silence which speaks louder than words. Among the sixteen to eighteen questions of which an average application-blank may be composed, a brief "where educated?" may be all that suggests to the applicant that any educational qualification is necessary or even desirable. Here and there an effort has been made to establish

a definite standard by a statement that applicants must pass certain prescribed examinations before or after admission, but these are neither uniform nor general, nor do they extend in any case beyond the range of the simplest elementary knowledge afforded by a common-school education. The last word on the subject of educational requirements proper is said when we remind those who apply that women of superior education and cultivation will be preferred. We realize, to be sure, that many do not concede the claims which nursing makes to be ranked among the professions, and to them and others the possession of a "superior education" is neither necessary nor desirable. One may pause here just long enough to remind those holding these opinions that they are not new, but have been held at various times concerning every one even of those professions which we now justly call learned—theology, law, medicine, the scientific professions, and teaching. Thirty-five years ago, says President Eliot, some of the medical students could hardly write, so that the taking of notes was difficult for them. It is at present our conviction that neither the public generally nor even the governing bodies of schools for nurses have yet come to any adequate appreciation of what may reasonably be expected from the nursing profession, and hence arises some of the difficulties met with in our efforts to improve present conditions. Until there is a clearer and more general understanding of the possibilities which the work of nursing holds, we shall be unable to advance appreciably our present requirements for admission. It is also to be steadily borne in mind that a school for nurses does not merely teach and train as many properly qualified candidates as its size, equipment, and teaching force permit. It carries on the nursing work of the hospital, and has the responsibility of keeping up at all times for the necessary work of the hospital a certain specified number of pupils. So long as these conditions exist, requirements, being governed by imperative considerations, must remain in a measure adjustable. Of equal importance also stands the fact that the education of the average candidate is a mere chaos of information of little value to herself or to anybody else. Of those matters which most nearly concern us in every-day life she is pitiably ignorant, having been systematically shielded from every trial or difficulty, often even from the necessity of making an effort of any kind which she did not choose to make. Even when she does not lack natural mental capacity, the ability to use her hands to any satisfactory purpose, to accomplish definite results in any direction, has been almost universally found wanting. It goes without saying that the higher qualities, judgment, self-control, habitual decisiveness, discretion, an understanding of the dignity of labor, are largely undeveloped. Such preliminary education as would qualify one aright for the

work of nursing the sick is hard to find anywhere. We are educated in a general way by every circumstance and condition of our own lives from the day of our birth, and the nature and extent of this education are as powerful factors in determining our fitness for responsibilities as any accumulation of facts acquired through the indirect medium of books. "Studies," says Lord Bacon, "do give forth directions too much at large unless they be bounded in by experience," and he adds, "there is a wisdom about them and above them won by observation."

It speaks volumes for the educating power of the school of nursing that from such untrained and wrongly educated material (always the best that offers) there are finally sent forth so many capable, thoughtful, skilful women who ultimately become useful to the community and a credit to the profession. The business of the school for nurses, however, is to teach the work of nursing, and its definite responsibilities should begin and end somewhere. While clearly at present it is our duty to take the best which comes, and to supply as far as possible a training in the school which the applicants should have received before coming to it, and which is the only foundation upon which we can build, we should not be unmindful of the necessity of continuing our efforts to advance the standards of requirements for admission, and to relieve the school of a task of extraordinary difficulty by including among these qualifications much that now forms a part of the course of instruction. A comparison of our methods of instruction with those of other schools shows remarkable points of difference. There must be a best way of mastering any subject, and while each presents its own peculiar difficulties, to be met by special provisions and measures, yet this cannot be so utterly unlike others as to form no part of any system or group or to find in the general scheme of education no teaching or training which may serve as a guide. If it be suggested that the nature of this subject is so different from others that methods may be wisely and safely employed in its teaching which would not be so considered if applied to other subjects, we must reply that facts as we know them do not corroborate such a belief. By our present methods the pupil, with few suitable qualifications, no previous study, no preliminary training, is brought at once into the practical side of her work. A great amount of practical work is placed upon the pupil long before she has been prepared by definite or systematic instruction. Immediately upon entrance she is placed at totally unfamiliar domestic duties requiring careful and exact performance, and involving an appreciation quite above the common of the necessity and importance of such duties. She prepares and serves foods and receives her instruction in this most important subject months afterwards. She has been taught nothing about the choice of suitable

and nourishing materials, their careful preparation and economical use, the art which is required in feeding a sick or helpless patient, and the observation necessary to note changes in the appetite and quantity of food consumed by the patients, all of which demand from the very beginning an amount of knowledge, care, and thought far beyond what is possessed by a young pupil nurse. We find her, further, administering medicines and learning how she ought to administer them and what effects to observe possibly weeks or months later. She begins early the personal care of her patient, with its countless details and its countless possibilities of danger to him through her ignorance of what she is handling. Some previous study of anatomy and physiology might not only prevent possible errors, but would have the further value of making her work comprehensible from the beginning, and of avoiding the establishment of wrong or confused ideas.

That these statements are absolutely correct will be seen from statistics taken at random from the recently published reports of methods of instruction in several of our representative schools. In eleven out of twenty of these schools we find materia medica taught in the second year; in six it does not come until the third year; yet those familiar with the training of nurses know that the pupil may begin her practical handling of drugs within two months after admission. Dietetics are taught sometimes in the second year, sometimes in the third. Anatomy and physiology, while more uniformly a feature of the first year's teaching, are yet to be found both in the second and third years. It is reasonable to infer that the pupils have obtained the practical part of their instruction with much less advantage than if they had received some systematic preparation for it. Among the arguments in favor of this method we find it stated that the pupil is always taught individually by a head nurse or senior nurse before being allowed to perform any act of work. In a busy hospital ward this is frequently quite impossible, and the statement is one which after some years of experience and observation the writer is unable to accept; even were it true, such a method would be a poor substitute for careful, thorough, and systematic preparatory teaching.

A moment's consideration of such a system as now prevails shows its crudity and weakness. It is no argument to say that a pupil can quite well acquire the little necessary knowledge of the principles of her work as she goes along. She can acquire them much better before she goes along, and her going will inevitably be attended with more benefit to herself and to the patient, and with considerably less chance of injury to him. Beyond all question practical skill is the thing, and all instruction must have constant reference to practical ends. But this

should be preceded by an understanding of some of the principles and an acquaintance with some of the facts.

Our methods, while containing much that is admirable, have never grown beyond the stage of infancy. What was done of necessity years ago in the effort to provide better nursing in hospitals is now continued partly as a measure of economy, and partly through indolent adherence to a custom which saves us the trouble of thinking.

To lengthen courses of instruction and increase the number of subjects taught, or to show long and elaborate schedules of lectures, does not necessarily mean that we are thereby greatly advancing in the education of nurses. It is equally important that there shall be a wise division of theory and practice, and such an arrangement of each that practical work shall in all instances be preceded by previous study.

A system whereby the pupil is prepared to some extent for the practical side of her work by previous study and preparation is founded on a rational basis, and it is in this direction that the writer believes the greatest improvement will come about in the teaching of nurses. This method may for us have the stamp of novelty, but it is in accordance with existing methods in every other branch of education, every art, trade, or profession. Is it not time to bring methods of teaching nurses in training-schools into harmony with those employed in other branches of education?

PREPARATORY SCHOOL FOR NURSES

By ANNIE M. SHIELS
Directress of Nurses, State Hospital, Hazleton, Pennsylvania

The State Hospital at Hazleton, Pennsylvania, opened a Preparatory Training-School for nurses in 1893. The hospital was built to take care of the injured of the Middle Coal Fields of Pennsylvania. In order to admit a patient there has to be a history of an injury of some kind; that being the rule, all medical cases are excluded. The rules also exclude women; occasionally there is one admitted who can be accommodated in the one private room at the hospital, but not sufficient in number to afford proper training for the nurses.

The course of training in the Preparatory School is one year, after which time the pupils are expected to enter a general school for nurses to finish their training. The greatest difficulty was to find pupils with the necessary efficiency and ability. At first there was not any arrangement made with other hospitals to accept the pupils after their year was

completed, and it proved to be a difficult matter to have them received by other good schools.

Some schools had not any vacancies; some objected to taking pupils that had been in another school; some ignored the application altogether, so that it became very evident that another arrangement was necessary. The establishment of a general training-school giving a course of two years was fully discussed. The second year the pupils were to do private nursing in order to secure surgical, medical, and obstetrical experience in nursing women. At the end of that time they were to receive diplomas entitling them to take their place in the world as trained nurses; but, fortunately, the majority of trustees decided against this plan. Instead, the chief surgeon and superintendent were asked to communicate with training-schools in New York and Philadelphia, and endeavor to make arrangements with one or more of them to accept the pupils. This has resulted most satisfactorily, and three first-class schools have agreed to each accept two pupils from here every year, and in addition have promised if possible to send probationers if they have suitable applicants who would care to take this course. The surgical training here is large and varied: major amputations and trephines average two per month; laparotomies, one per month; other major and minor operations are more numerous, and the dispensary has an average of fifteen to twenty cases dressed each day. The nurses, under supervision of the directress, have charge of the two male surgical wards, the dispensary, and operating-room; they make all bandages, learn to prepare dressings, sutures, drainage-tubing, iodoform gauze, and make solutions. There are classes held from October to June in practical nursing and anatomy, besides lectures by the surgeon-in-chief on subjects pertaining to their work. The work is most interesting, but also most trying, and the nurse who bravely faces and does her duty towards the grimy, mangled miners of the field, most of them Hungarians, Poles, and Italians, will not be likely to shirk any duty that may be expected of her in whatever sphere she may be placed. Graduates of other schools whose surgical training has been deficient, perhaps from lack of acute cases, would be accepted here on the same terms as the other pupils. The aim is to have the hospital receive the best service, in return for which a good surgical training is acquired. At the end of the year, if the pupils have satisfactorily performed their duty and passed all examinations, a certificate is given indorsed by the trustees, surgeon-in-chief, and directress.

[“Preparatory School for Nurses” is an encouraging title to see heading the brief paper that sets forth the attempt that the authorities

of one small specialty hospital have made to provide adequate training for their nurses. Where one leads, others will follow, and it is sincerely to be hoped that the interchange of pupils between the large general schools and the small specialty hospitals will rapidly grow to be the rule; but the still better plan would seem to be the one advocated for some years past, to have the large general schools accept all probationers and to arrange with one or more varieties of small specialty hospitals to furnish them with the required number of pupil-nurses for stated periods, during that time the pupil to receive a thorough training in the particular branch of medicine or surgery that the small hospital represents, under a capable superintendent and efficient teacher and in accordance with a prescribed curriculum.—ED.]

ADULTERATION OF FOOD IN SWITZERLAND

A COMMUNICATION to the State Department from the American Consul, M. De Boise, at St. Gall, Switzerland, declares the adulteration of food general in Europe, and in Switzerland legislation has had to be made against it. The chocolate, the consumption of which the slot machines have increased, is adulterated with mutton-tallow, sawdust, and potato meal. The chief ingredients of honey are syrup, meal, and corn-starch; Swiss cheese is mixed with potatoes ground to a powder; butter is adulterated with carrot juice. Bread, which furnishes seventy per cent. of the nourishment of the people of the Swiss Republic, is mixed with potato meal, and the dough is soaked heavily with water to add to the weight of each loaf. With coffee, tanbark, sawdust, stove rust, and chicory are mixed; and as adulterants for tea, linden, sage, and strawberry-leaves are used. It is proved by analysis that in beer the following ingredients are added as substitutes for malt and hops: potash, vitriol of iron, alum, licorice, linseed, solution of tartar, poppy heads, guinea grains, chamomile, pine sprouts, chicory, henbane, and wild cherries. Some of the wine which is freely consumed, he declares, has never contained a drop of grape juice, since potato syrup dissolved in rain water makes a salable beverage, and the desired color and bouquet are obtained by mixing wine acids with cream of tartar.

PROGRESSIVE MOVEMENTS

IN CHARGE OF

LUCY L. DROWN

THE CRIPPLED CHILDREN'S SCHOOL

By AGNES CURTIS

New York

Between the hours of eight and nine on week-day mornings one may see a Fifth-Avenue stage jogging merrily along the avenues and cross-streets of the upper East-Side district of New York. What can have caused this familiar vehicle to stray so far from its accustomed course? If you watch, you will see it stop before one of the many tenement-houses, from which a little crippled child is carried and carefully placed within. Or, standing ready on the door-step, a merry little fellow on crutches is eagerly watching its approach, or a little girl, supported on her iron brace, without which she would be almost helpless, is excitedly waving her hand to the children who have already been called for. So the great bus goes from house to house until it is filled with boys and girls, whose merry, laughing faces almost make one forget the poor little crippled bodies. What does it all mean? Simply that the Children's Aid Society has opened a class for cripples in the Rhinelander School, 350 East Eighty-eighth Street, and has chosen this way of conveyance until some kind friend will come forward and provide a wagonette for the children that will be more comfortable and better adapted to the purpose.

And now, if you follow this strange picnic, you will find yourself in a bright school-room where the little ones are greeted by a smiling, white-gowned nurse and a teacher, who have charge of the children for the day.

After the morning exercises, the braces are looked to, abscesses dressed, straps changed, etc., and each child is made as comfortable as skilled care can make him.

This is exclusively a class for cripples, and to keep them busy and happy, to teach them something useful, and to lead them in such exercises and games as may not overtax the weak little bodies is the work of the ever-watchful teacher and nurse.

During the noon-hour the children are served with a wholesome luncheon, and for a while nothing is heard but their merry voices mingled with the clatter of spoons and bowls. Then some songs and games until time for the afternoon work. At two o'clock the children are ready for their ride home, and thus ends one happy day spent in the Eighty-eighth Street school.

During the summer the class is taken to Bath Beach, where the Children's Aid Society has a Summer Home, and where there is a cottage expressly built for cripples. There they stay, in charge of the nurse, for three weeks, gaining health and strength in the fresh sea-breezes. Little, pale cheeks become round and rosy, dull eyes bright, and they return to their parents healthy and brown and full of wonderful experiences to relate.

The Children's Aid Society is the pioneer in this much-needed educational work among cripples who are not physically fitted to take their place among the robust children of the public schools, and has provided not only a teacher, but a nurse trained in orthopædic work, who understands the children and their limitations, and who is fitted to give the daily attention which is absolutely necessary in many cases.

CARE OF NIPPLES

In caring for the nipples of the nursing mother great harm is often done by mistaken methods of cleansing. Nasty-tasting lotions are often applied by stupid nurses, who then wonder why the babies dislike to take hold. No washes are allowable; olive oil or lanoline should be used instead. And then for a protecting dressing tallow and beeswax or the raw white of an egg should be freely applied. Cracks and excoriations will then be astonishingly infrequent, but if either torturing accident occurs, immediate attention is demanded. After thoroughly disinfecting with boracic acid lotion (five per cent.) and anæsthetizing with cocaine, the crack and raw surface should be treated with a ten-per-cent. solution of silver nitrate, then dried by pressure of absorbent cotton and painted over with egg-albumin. For the next few nursings a glass-bell nipple-shield should be used. Thus by scrupulous care mothers can be saved from tortures that they too often suffer, and then it becomes far easier to persuade them to continue nursing their babies in accordance with the design of the Creator.—*Boston Medical and Surgical Journal.*

NEW DRUGS

IN CHARGE OF

WILLIAM SCHLEIF, M.D.

Instructor in Pharmacy, University of Pennsylvania

HEROIN

HEROIN and one of its salts, heroin hydrochloride, has been introduced as a remedy in the treatment of cough. It is a derivative of morphine (di-acetyl morphine), and shares some of the physical, chemical, and therapeutic properties of this drug. Heroin itself is a white, crystalline, odorless powder, slightly bitter in taste and almost insoluble in water, but soluble on the addition of a few drops of an acid. The dose of heroin is one-twenty-fourth to one-twelfth of a grain.

Heroin hydrochloride is also a white, crystalline, odorless powder, but differs from heroin itself in being very soluble in water, so that it can be given as readily hypodermically as by mouth. On account of this solubility the hydrochloride is preferred to heroin. The dose of the hydrochloride of heroin is from one-twenty-fourth to one-sixth of a grain. As the drug resembles morphine in many of its actions, the dose to children is disproportionately small, and must be used with the same degree of caution as morphine itself. Accordingly, heroin or its hydrochloride may be given in the form of powders, pills, tablet triturates, or in solution; speaking generally, it can be administered in combination with other drugs much like morphine.

The most important indication for the use of heroin (or heroin hydrochloride) is found in cough, whether this be due to consumption, acute bronchitis, chronic bronchitis, pneumonia, or asthma, though it seems least efficacious in asthmatic coughs, and most so in those due to irritation. In the large majority of cases no unpleasant effects follow its use. In a small percentage of cases some of the after-effects of morphine appear, though in lesser degree, such as constipation, nausea, drowsiness, itching, and occasionally habituation is observed. This habituation seems to be easily overcome. Stupor, giddiness, and severe headache have also been noted. Heroin has been additionally employed with considerable success as a substitute for morphine in alleviating pain and in producing sleep; it has been used successfully in curing morphine habitués. Heroin does not seem to affect the circulation unfavorably and stimulates respiration, and in general is the

most powerful (excepting morphine) and most reliable drug at our command to-day to subdue cough.

SULFONAL

THIS drug occurs in the form of a fine, white, odorless, and tasteless powder, very slowly soluble in cold and soluble in about twenty parts of hot water. It is used to produce sleep in doses of from five to twenty grains, and should always be given *dissolved* in hot water or hot milk at least two hours before the desired effect is to be obtained. On account of this insolubility the drug is always slow in action.

In medicinal doses sulfonal causes a condition resembling natural sleep, which may be protracted and is often followed by drowsiness and mental confusion. In large doses it produces deep sleep lasting for many hours, which is followed by mental depression, tremors, staggering of gait, or weakness, after which complete recovery occurs. It is therefore a perfectly safe hypnotic in single doses.

The habitual administration of sulfonal in ordinary medicinal dose over protracted periods of time is accompanied by considerable danger. The first symptom to warn the patient or the nurse usually is a *pink* coloration of the urine, due to the presence of altered blood-pigment, and accompanied or followed very soon by albumin, blood, and tube-casts. These symptoms, indicating serious kidney disease, are often succeeded by evidences of digestive or nervous disturbance, such as loss of appetite, colic, obstinate constipation, local or general paralysis, mental depression, and failure of memory. Many cases of advanced poisoning terminate fatally. For this reason it is exceedingly important to watch for the first symptoms of chronic poisoning and to discontinue the drug at once; even then it may be too late to save the patient. The treatment consists in flushing out the system with large draughts of water.

TRIONAL

THIS drug is closely related to sulfonal in its composition, physical properties, and general effects on the system, but is more rapid in action, producing sleep in doses of from five to twenty grains. A number of cases of poisoning have been reported from the administration of large doses for protracted periods of time, but all reports show that trional is much safer than sulfonal, probably because of its greater solubility. The symptoms of poisoning resemble those of sulfonal. Trional has been found especially useful in the insomnia attending great mental excitement.

HOSPITAL AND TRAINING-SCHOOL ITEMS

IN CHARGE OF

LINDA RICHARDS

TWENTY young women were graduated the evening of January 15 from the New York Training-School for Nurses, at No. 426 East Twenty-sixth Street. Professor Henry F. Osborn, of Columbia University, presided. The diplomas were presented by Mrs. William Preston Griffin. The address to the graduates was delivered by Dr. L. Bolton Bangs, and the twenty-eighth annual report of the society was read by W. C. Osborn. It showed, among other things, that the school is growing, and that many of its graduates find important places. The report said in part:

"In the last year the school has added five more pupils to its number, so that to-day there are eighty of its nurses on duty in the wards of Bellevue. In the next month seven more pupils will probably be added to the school in order to take charge of the nursing in the new ward for consumptives.

"Last year one of our graduates, Miss Gertrude Moore, went to Cuba to organize a second training-school for nurses in a hospital of one thousand beds, under Major Greble, the Commissioner of Charities for the Island of Cuba. Another graduate, Miss Sampson, went to Cuba under the auspices of the Cuban Orphan Society. She now has a hospital and training-school, the pupils of which are chosen from among the older orphan girls. Another graduate, Miss Turner, is head nurse in the Yellow-Fever Hospital in Havana. Last November Miss O'Donnell, of the Mercedes Hospital, sent for three graduates to take charge of a new operating-room and two new wards which have been added to her large hospital.

"We receive good reports of those of our graduates who are still in the Philippines. The calls for private nurses last year were seven hundred and ninety-eight. Calls to fill hospital places were twenty-seven. The principal ones Miss Brennan was able to supply. Miss McCarty, who had been night superintendent for over a year, left here in September to take charge of St. Joseph's Hospital in Syracuse. Miss Huffcut took Miss Newberry's place as superintendent of the Women's and Children's Hospital in San Francisco. Miss Woodworth has gone to the new hospital in Albany, and Miss Aldrich to Saratoga."

The rooms of the nurses' home were prettily decorated for the occasion, and the graduates all wore wash-dresses of blue and white stripes, with white aprons and caps. Their names are:

Mary Dougherty, Margaret Leary, Bertha Hammerle, Mary Pendexter, Frances Schrubbe, Emily Jamison, Helen Sears, Iowa Benson, Susan Colston, Julia Gerrity, Nora Brown, Elizabeth Wilkinson, Frances Archibald, Lillian Gillett, Frances Tinley, Jessie Freaner, Jennie Smith, Lotabel Jewell, Catherine Burke, Winifred Allen.

After the ceremonies were over a reception was held, and then followed dancing. Supper was served at midnight.

A CLASS has recently been formed in elementary physiological chemistry taught by Miss Jessie Dorman, a graduate of Vassar in 1891 and of Pratt's Institute, Brooklyn, to be held weekly at the Visiting Nurses' Settlement in Orange Valley.

The class is limited to twelve. It is open to residents at the settlement, to five pupil nurses who have shown marked ability in class work and who desire this as an elective course, and to graduate nurses.

The course is as follows:

1. Introduction to study of physiological chemistry.
2. Carbohydrates, fats, and proteids.
3. Foods, composition and preparation.
4. Salivary and peptic digestion.
5. Intestinal digestion.
6. The blood.
7. The urine.
8. ——.
9. Laboratory work in the detection of proximate principles.
10. Review and examinations.

FOR a few years reports of managers of asylums for the insane have generally agreed that insanity is on the increase in this country, the feverish character of life being assigned as a potent cause. Only occasionally has it been suggested that the conclusions as to the increase were wrong, and that the larger number of insane found in public institutions indicated a more general resort to such institutions rather than an increase in the ratio of insane to population. Some support for this theory is found in a recent announcement by the Indiana Board of State Charities. The board thinks it "safe to say that insanity is not increasing proportionately in Indiana. Possibly, could we sift the poor-asylum population and verify our figures we should find that a less proportionate number of our population is insane than was the case twenty

years ago." From the most reliable statistics obtainable it is learned that the ratio of insane to the population in Indiana in 1880 was one in five hundred and sixty-five. No figures for 1890 are available, but in 1892 the ratio was stated to be approximately one to six hundred. In 1898 the ratio, based upon the population, estimated by the Bureau of Statistics, was thought to be one to six hundred and seventy-five. Taking the number that year (forty-three hundred) and using the population of 1900, the ratio would be one to five hundred and eighty-five. Using the figures tabulated in the office of the board, the ratio would be, according to the census of 1900, one to five hundred and fifty-eight. As explaining how lists of the insane are sometimes unduly swelled, the board says that feeble-minded or epileptic persons and those in a senile condition are often classified as insane, particularly by almshouse managers.

A COMMITTEE of five from the Bellevue Medical Board, New York City, has decided that the work of caring for patients in the alcoholic and insane wards of Bellevue Hospital is too great for one interne, and has assigned an interne to each of these wards. Mr. Kellar has made arrangements with the Manhattan State Hospital on Randall's Island whereby the latter will examine, in conjunction with Bellevue's physicians for the insane patients, as to their physical condition before they are transferred from Bellevue Hospital to the State Hospital. He says, "In this way the responsibility for bruises resulting from carelessness or violence can be fixed beyond a doubt."

On January 15 the following order was sent by the Commission of Charities to the superintendent of Bellevue Hospital:

"That on and after this date no alien or non-resident alleged to be insane in Bellevue Hospital shall be turned over to the Department of Outdoor Poor for transfer to the State Commission of Lunacy, but that the physician in charge of the pavilion for the insane in Bellevue Hospital shall notify the Central Office of the presence of any alien or non-resident in the pavilion, and the secretary of the Board of Public Charities shall communicate directly with the Commission in Lunacy, informing them of the detention of any alien or non-resident in the pavilion for the insane at Bellevue Hospital, and asking them to remove such alien or non-resident."

RUFUS B. TOBEY, chairman of the Board of Managers of the Floating Hospital, Boston, Massachusetts, recently announced the urgent need of money enough to buy a larger boat for a Floating Hospital, and to permit of its being fitted up not only as a model hospital, but as a school of research in children's diseases. His desires have been responded

to by the voluntary contribution of two thousand dollars. Already plans for the new boat are being drawn by James Stearns Lee. It will have all the wards above the water-line; it will provide a hospital-deck for permanent patients alone, where the space will be so divided that fewer cases will be in each ward, thus separating those who are the most dangerously ill from the others. Above there will be a deck for the day patients. All the various needs will be provided for. It is hoped to open the coming season of the Floating Hospital about the middle of June, and run until the middle of September. The new boat of the New York Floating Hospital was the gift of one woman and bears her name. This would seem to be a delightful example for any philanthropic person who wishes to do a great work. Fully forty thousand dollars will be needed to complete the new Floating Hospital.

CONSIDERABLE interest has been aroused among the nurses at the Hospital of the New York State Soldiers and Sailors' Home at Bath, New York, by a recent ruling of the State Controller that the nurses of all State institutions "must be graduates of a training-school," and the further ruling that "those now in service not having qualifications as stated must be replaced with those having such qualifications within three months from January 1."

Colonel Davidson, commandant, has protested against the enforcement of this rule in so far as it pertains to nurses now in the institution who are non-graduates and are legally appointed under a non-competitive examination, contending that the adoption of the rule is unfair, unjust, and illegal, and questioning the power of the Civil-Service Department to adopt such a rule. The question has been submitted to the Attorney-General for an opinion.

A NEW and valuable addition to the Samaritan Hospital, Troy, New York, and one which adds greatly to its facilities, is a nurses' home, the gift of Miss Mary L. Thurman, of Troy, whose charities for years have been most generous and who by this benefaction has graciously assisted a worthy institution.

The exercises which marked the transfer of the home to the Board of Directors of the hospital took place January 26, in the audience-room of the new home, more than one hundred persons being present. A brief religious service was conducted, hymns being sung and prayers said. The feature of the evening, however, was an address by Dr. E. D. Ferguson, chairman of the Executive Committee, which dwelt on hospital work, gave a brief history of hospital development, and an account of the noble work done by Fliedner, Florence Nightingale, and Elizabeth Fry.

THE old Kirk homestead, the scene of some of the most brilliant events in the social life of early Evanston, Illinois, will be made into a hospital, which is to be operated by the Sisters of Charity connected with the St. Nicholas Catholic Church.

The property was transferred for a consideration of thirty-five thousand dollars, and the work of improvement will be begun at once. The only other hospital in Evanston is situated at the north end, and as the new institution is at the extreme south end it will fill a want that the residents have felt for many years.

When Evanston was made an educational centre by the Methodists James S. Kirk erected, at a cost of twenty-five thousand dollars, the fine house that will now become a hospital.

PROFESSOR JAMES E. RUSSELL, dean of the Teachers' College, Columbia University, says that the report of his acceptance of a position in the University of California was quite erroneous. He has no intention of leaving Teachers' College at present. Said he: "The report no doubt arose from the fact that this coming July I shall deliver at the summer school of the University of California a course of lectures on 'School Administration in Foreign Countries,' for example, France and Germany, as compared with that in our own. This course will occupy a considerable part of the summer. I shall not leave Columbia, however."

THE Mercer County Medical Society, of Trenton, New Jersey, has prepared a bill, which will be introduced by Senator Hutchinson this week, providing for the establishment of a sanatorium for persons afflicted with consumption. An appropriation of fifty thousand dollars for that purpose will be asked from the State. The bill specifies that no person shall be refused admission to the sanatorium because of his inability to pay.

The measure is the outcome of an agitation by the Trenton Board of Health of the question of protection against the spread of tuberculosis in healthy communities.

DR. MARY WOLFE has been appointed resident physician in charge of the Woman's Department of the State Hospital at Norristown, Pennsylvania. Dr. Wolfe graduated from Bucknell Institute in 1891 and from Bucknell University in 1896, receiving the degree of A.B. She graduated from Michigan University Medical School in 1899. She received the degree of A.M. from Bucknell University in 1900.

At a recent meeting of the Woman's Hospital in the State of New York it was announced that Mrs. Frederick F. Thompson had offered to build a nurses' home in connection with the hospital, the home to cost from one hundred thousand dollars to one hundred and fifty thousand dollars, and to be erected on the hospital grounds. This gift is in addition to fifty-five thousand dollars given early in the year.

On December 27 St. John's Hospital Training-School for Nurses, Brooklyn, New York, graduated a class of three nurses. This is the third class the school has graduated, and these three young women have completed the three years now required by the school. At the close of the graduating exercises a reception was held.

The Rhode Island Hospital, Providence, Rhode Island, needs more money, and a committee of the Board of Trustees, consisting of R. I. Gammell, Isaac C. Bates, and C. A. Nightingale, has issued an appeal to the public, hoping that many citizens will sign their names to shares in the guarantee fund of the hospital for the current year.

Work on the Delaware Hospital, Wilmington, Delaware, is progressing. It is expected that the new building will be ready for use about the first of April. By that time the managers would be glad to have the institution free from debt. Twenty thousand dollars have been subscribed, and fifteen thousand dollars more are needed.

Miss Margaret M. Wallace, a graduate of the Rochester Homœopathic Hospital, has recently been appointed superintendent of nurses at the Memorial Hospital, Brooklyn, New York.

A Training-School for Nurses has been organized in connection with St. Peter's Hospital, Albany, New York. The course will be two years, and there are twelve nurses in the school.

The Woman's Medical College of Toronto, Ontario, is to have a hospital in which all the operations shall be performed by women surgeons, and the residents will also be women.

Miss Mary H. Hewit has been appointed assistant superintendent of nurses at the Boston Hospital for the Insane. Her duties commenced January 25.

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF

MARY E. THORNTON

NATIONAL COUNCIL OF WOMEN

THE committee is in receipt of a letter from the president, Mrs. Fannie Humphreys Gaffney, announcing that the National Council of Women, through its Board of Officers, bids the American Federation of Graduate Nurses welcome, and admits the association to membership at once.

It is hoped that many items concerning the Council and its work will appear in the JOURNAL from time to time.

NEW YORK ASSOCIATIONS UNITE

THE Alumnæ Associations of Bellevue, New York, Post-Graduate, Presbyterian, Roosevelt, and St. Luke's have united in forming a programme of study for the months of February and March. On Wednesday, February 6, an interesting clinic was given by Dr. Elliot at the Presbyterian Hospital. On February 13 the members met at St. Luke's Hospital, and on February 20 at the residence of the St. Luke's graduates, 154 West Forty-fifth Street, at three-thirty P.M. On February 27 they met at the Post-Graduate Club, 143 East Thirty-fifth Street, at two P.M. A visit to municipal institutions had been arranged for that day.

BELLEVUE ALUMNÆ ASSOCIATION

THIS Association held its annual business meeting on January 17. The officers elected for 1901 are: Miss Annie Schenck, president; Miss L. L. Dock, vice-president; Miss E. M. Reading, second vice-president; Miss May Bohling, treasurer, and Miss Lida Perkins, secretary. The secretary in her report gave the membership at one hundred and forty-seven. This annual report tells of the organization of an Alumnæ Association of the Woman's and Child's Hospital at San Francisco by Miss Huffcut, the superintendent. This is the first of its kind west of the Rockies. Miss Huffcut is to be congratulated, as she reports it to be in a flourishing condition. Miss Huffcut had been elected secretary of her

own alumnæ for 1900, but was obliged, greatly to the regret of the members, to resign in order to take her present position. Miss Betts and Miss Tackel are still in the Philippines. Miss Gertrude Moore is engaged in organizing a hospital in Havana. Miss Turner is also in Havana. Miss Starr has given us several very interesting talks upon her experiences in the Philippines, and Miss MacVeau upon her trip to South Africa, including her visit to Windsor and presentation to the Queen.

Though our club-house has not yet materialized, we still have hope. Some money is in hand that could be devoted to the furnishing and more is promised for the same purpose. What we need to start the ball rolling is a smart, capable woman of business ability, with a certain number of nurses to assist her by pledging their support for one or two years. Were it once started we feel sure there would be no difficulty in making the club a success. Sixteen new members have been added to the roll during the year, but there are many more who should be in, and we propose this year to make an effort to reach as many as we can, to show them that it is a benefit to the individual as well as to the Association, and the only way to keep up an interest in one's work.

BROOKLYN HOMŒOPATHIC ALUMNÆ

The Alumnæ Association of the Brooklyn Homœopathic Hospital Training-School for Nurses, at their regular meeting, held January 9, 1901, elected Miss Anna Park, of 363 Grand Avenue, Brooklyn, as their representative to the convention of the Associated Alumnæ to be held in Buffalo, New York, next September, Miss Walker and Miss McLure acting as substitutes.

THE POST-GRADUATE

The Post-Graduate Alumnæ held its stated meeting on Tuesday, February 6, at three-thirty P.M., at the club. Six applicants were considered and admitted to membership. A donation for the sick fund was announced, and the delegate to the State organization meeting to be held at Albany was elected. The next stated meeting is to be held the first Tuesday in March.

Miss Isabel McIsaac, president and chairman of the Congress of Nurses, wishes the announcement to be made that all nurses, whether they are members of an alumnæ association or not, are asked to partici-

pate in this Congress. Every kind of an organization of nurses may send a delegate, and individual nurses who are not members of any organization are cordially invited to attend the meetings, which are to be held in Buffalo during the week commencing September 16, 1901.

THE committee appointed to take the initiatory steps towards forming a New York State organization of nurses is preparing to call a meeting in March. Due notice of this meeting will be sent by mail to the schools and sociéties that the committee has succeeded in reaching.

SYLVEEN V. NYE,
Chairman.

OPENINGS FOR NURSES*

As the ranks of the nursing profession are filled constantly with new recruits from the many training-schools scattered over the land, the question of employment for them becomes one of pressing importance.

Private nursing is the goal of most of these, and probably will always occupy the larger number, and it is to its development and extension that we must look for occupation for the majority of trained nurses.

The time is fast coming when we shall have to readjust our ideas as to the remuneration of nursing service, which at present places the employment of a private trained nurse beyond the means of any but the comparatively wealthy in the community. Twenty or twenty-five dollars is more than the average bread-winner earns in a week, and it is manifestly out of the question for him or her to pay this sum for a nurse when illness incapacitates him for earning anything at all.

Large cities usually have an oversupply of nurses. There is a better opening for the newly graduated nurse in the country town, where the field is not as fully occupied.

If she has no connections in a place like this, she should obtain introductions from one of the hospital physicians, or some other medical man who can certify to her good work, and with these visit the doctors of the town she has selected and ask them for work. She may have to wait for a time for an opportunity, but if she is skilful and trustworthy, she will eventually build up a remunerative practice. This is essentially true if she will devote herself to obstetric cases, as there is always a demand for the services of a thoroughly satisfactory obstetric nurse.

* Read by Elizabeth Robinson Scovil before the Third Annual Convention of the Nurses' Associated Alumnæ of the United States, held at New York, May 3, 4, and 5, 1900.

If a woman wishes to remain in a large city, she may take up what has been called co-operative nursing and become a visiting nurse.

There are people living in apartments, or staying at hotels, or even in their own homes, when the means are limited, who do not require, or cannot afford, the exclusive attention of a nurse. There are special services, such as douching, catheterizing, attending to surgical dressings, giving sponge-baths or medicated baths, attendance during an operation, which require only a stated time for their performance. Many persons are glad to be able to obtain a nurse for the limited time required without being obliged to board and lodge her during the hours when she is not needed in order to have her at hand when she is. This system is particularly suited to the care of chronic invalids, who require skilled service for a short time only each day. The prices charged by one visiting nurse are as follows: Obstetrical cases, six hours or less, three dollars; surgical and obstetrical dressings, twice daily, ten dollars per week; general cases, one dollar per hour.

Cards having the prices charged with the nurse's name and address should be distributed to the doctors, placed in drug-stores, hotels, and boarding-houses, and brought before the public in any other way the nurse can devise.

It is only necessary to mention briefly the ordinary openings for the graduate nurse.

District Nursing, in which the pay is about fifty dollars per month, or thirty dollars with board and lodging included.

Hospital Service in various departments which commands salaries as varied as the service rendered, from superintending hospitals and training-schools to the headship of a ward. Service in asylums and sanatoriums may be grouped under this head. It is treated at length in papers following.

Infirmary Work. Many large private schools and some colleges have infirmaries attached to them with a trained nurse in charge who cares for the ordinary cases of illness among the students and has assistants in time of need. These positions are particularly desirable, because the long vacations give an opportunity for recuperation, or, if the nurse desires, for further work in her profession, or for additional hospital work, to keep herself abreast of the times.

Office Work. Many physicians and surgeons and a few dental surgeons employ trained nurses in their offices in the preparation of patients for examination, for minor operations, and for the administration of anæsthetics, and to keep the instruments in the perfect order that is essential to their usefulness. This service is usually well paid. A knowledge of stenography and typewriting is very useful, as the nurse

is often required to write letters from dictation. If she can add book-keeping to this, she increases the likelihood of obtaining a good position.

Private Hospitals. If a nurse has a little capital, and is a woman of executive ability, she may find her opening in the establishment of a private hospital.

Many persons who are able to pay for treatment dislike the restrictions of a public hospital, and physicians and surgeons who are not attached to a hospital staff are often glad to have a place where they can send their patients and have them under hospital care while retaining the treatment in their own hands. The good-will of a number of the medical faculty is necessary to the success of the undertaking, as the patients must come through them.

The nurse in charge is responsible for the rent and furnishing of the house, for all the running expenses, service, and ordinary nursing. Patients pay the extra fees of a special nurse when exclusive service is needed, and for medicine, stimulants, and the washing of body linen. The charge is usually from twenty dollars to fifty dollars per week, according to the size and location of the rooms occupied. A large house is indispensable.

It would seem that an obstetric hospital conducted on these lines should be a success. Great care would have to be exercised that none but irreproachable cases, sent in by reputable physicians, were admitted, that no stigma could possibly be attached to the patients using it.

In a large city a private hospital for contagious diseases, authorized by the Board of Health, might be a success. The hardship is sometimes very great when patients are removed from their homes to the public hospital for cases of contagion.

A nurse who is familiar with the work and methods of the best hospitals for the care of the insane might make a private sanatorium for those cases a great success.

A home for the reception of persons suffering from nervous prostration and allied nervous diseases would supply a want in some cities. Doctors would be glad to send their patients where they would have rest, suitable occupation,—sometimes as essential,—therapeutic baths, electricity, massage, or whatever treatment was prescribed away from the care and worry inevitable in the home life and equally far from the depressing influence of a body of nervous sufferers such as is met with in the larger sanatoriums.

A private hospital for children might be made successful when the field is large enough to insure a sufficient number of patients, and if under the auspices of an eminent surgeon would seldom be empty.

A hospital for chronic invalids, such cases as are either not re-

ceived into a general hospital or not retained there, would be remunerative when once it was fairly established. The occupants would remain for longer periods than acute cases, and there would be an element of stability and permanence about it which would render the financial question a less difficult problem to solve.

Food is coming more and more into prominence in the treatment of disease. The trained nurse who applies herself to the study of dietetics will find that there is an opening for her in this twentieth century upon which we are about to enter.

She may have charge of the diet kitchen in a hospital, where her personal knowledge of the dietary necessary for different forms of diseases would render her invaluable in training the nurses in this branch of the work.

As has been already done in one or two cases, she might open a little shop where suitable and palatable food, broths, koumiss, gruels, chicken and beef jellies, light puddings, etc., could be obtained for invalids. To this she might add the preparation of sterilized milk and foods for infants, which would be welcome in many nurseries.

Patients suffering from diabetes, Bright's disease, or kindred disorders, or who for any reason were ordered a special diet by their physicians, would often be glad to send to a place where it could be prepared for them without disturbing the economy of their own kitchen or interfering with the convenience of the autocrat who reigns there. Mothers about to take young children on a long journey by land or sea would like to be able to order the thrice sterilized milk which would keep unspoiled until they reached their destination.

When nurses graduate from a training-school and take up private work they often find difficulty in procuring caps, aprons, neckerchiefs, and uniforms suited to their requirements. They have little time for sewing and less time for shopping, and the materials they need are not always easy to obtain. A shop for the sale of these things, managed by a nurse familiar with the requirements of nurses, would be a profitable opening for a nurse who for any reason was unable to do the more active work of her profession. She might add to this the preparation of bandages and surgical dressings, obstetrical pads and napkins, infants' napkins and sanitary squares, sanitary towels, oakum pads for cases where there is incontinence of urine, sheepskin pads for the prevention of bedsores, rings for the support of heels and elbows of bedridden patients, who are without the attendance of a trained nurse, to keep the parts in good condition.

The nurse who engages in one of these business enterprises must conduct it in a business-like manner, or failure is certain. Some knowledge of bookkeeping is desirable, but whether she possesses this or not

the exact balancing of income and outgo is not to be dispensed with. The utmost promptitude in meeting engagements, the exact fulfilment of every contract, fair and just dealing with all who are brought into business relations with her, are indispensable to success.

Florence Nightingale remarked to me last summer that it had been said to her that, as she had founded trained nursing, so she must now reform it.

Is it true that we nurses as a body have lost something of that spirit of self-devotion to the needs of others which was the mainspring of our order in its beginning?

Do we think too much of our rights and too little of our duties?

Is service no longer the motive of our lives?

All about us is suffering humanity; we have been trained, we believe, in the best ways of alleviating that portion of the suffering that comes from disease or injury to the mortal body that is heir to pain.

Do we consecrate all our powers to this object?

When a nurse says either to herself or to others, "It is not my place to do such and such a thing for my patient," she at once falls below the high standard of our profession.

Whatever in the smallest degree can conduce to the comfort and well-being of the sick in her care, that it is not only her "place," but her bounden duty, to do without thought of self.

The nurse owes to the community the same faithful service that is given to it by the conscientious physician. It is by this earnest devotion to duty that we must raise our calling in the eyes of the world. Better far than any claim that we can make for it will be its own claim to respect when a trained nurse is a synonym for absolute faithfulness and perfect self-forgetfulness.

It is for us older nurses who have borne the burden of the years that have moulded our calling into a profession to hold up this high ideal to the younger women who are entering upon the work.

There is no lack of enthusiasm, as is shown by the response when war called for the services of nurses in the field. Cuba and South Africa have seen something of the same brave spirit that shone on the battle-fields of the Crimea. In every-day life, in the training-school and the sick-room, this enthusiasm is latent; it is our part to rouse and guide it aright.

Is there not an opening for nurses in a return to these earlier ideals? In a crucifixion of that mercenary spirit that asks "How much money will this case bring in?" "What will it mean in material advancement?" and substitutes for it that of Him who came not to be ministered unto, but to minister, and who said, "I am among you as one who serveth"?

FOREIGN NEWS

IN CHARGE OF

LAVINIA L. DOCK

ORGANIZATION NOTES

THE NATIONAL LEAGUE OF CERTIFICATED NURSES OF GREAT BRITAIN AND IRELAND

We would like to call the attention of our organized nurses especially to the movement now going on in England, fostered by the Matrons' Council, for laying the foundations of a general union of nurses' organizations. The general plan and purposes are very similar to those of our Associated Alumnæ. Local self-governing groups of nurses are to send their delegates to a central national body, which may thus, in time, represent the entire nursing profession, and affiliation with the Matrons' Council is looked for, just as we have affiliated in this country with the Superintendents' Society.

We cannot doubt that this is the strongest possible way in which to organize ourselves if we wish ever to make our united influence felt,—local self-government and independence, friendly co-operation and federation with other local bodies, and international union. Already the British Islands have two groups of over four hundred members each ready to combine,—St. Bartholomew's League, corresponding to our Alumnæ Associations, and the Dublin Nurses' Club, corresponding to our general associations. The Constitution of the English National society is given as follows:

ARTICLE I.—NAME.

The name of this association shall be "The National League of Certificated Nurses of Great Britain and Ireland."

ARTICLE II.—OBJECTS.

The objects of the National League shall be:

1. To establish and maintain a Code of Ethics.
2. To elevate the standard of nursing education.
3. To promote the usefulness and honor, the financial and other interests of the nursing profession.

ARTICLE III.—ELIGIBILITY.

Associations of nurses having the following qualifications shall be eligible for affiliation with the National League:

1. Associations composed of graduates of schools of nursing connected with general hospitals of not less than fifty beds, giving three years' full training in the wards of the hospital and certification after examination.

2. Associations composed of graduates of schools of nursing connected with Poor Law infirmaries of not less than two hundred beds, giving three years' full training in the wards of the infirmary and certification after examination, and whose training-schools are recognized by the Local Government Board.

3. Professional associations of nurses, formed for the benefit of nurses, the members of which hold the qualifications of training as defined above.

ARTICLE IV.—MEMBERSHIP.

Membership of the National League shall be confined to trained nurses as defined above, and divided into members, active members, and honorary members. Members shall consist of all members of the affiliated associations. Active members shall consist of delegates duly elected to represent these associations on the Grand Council of the National League, and shall include all honorary officers of the National League. Honorary members shall consist only of nurses who have rendered distinguished service to the nursing profession.

ARTICLE V.—OFFICERS.

The honorary officers of the National League shall be a president, first and second vice-presidents, secretary and treasurer, who shall be ex-officio members of all committees.

ARTICLE VI.—GOVERNMENT.

Grand Council.

1. The National League shall be governed by a Grand Council composed of duly appointed delegates from affiliated associations and the honorary officers.

2. Societies affiliated to the National League shall have the right to representation by delegation on the Grand Council as follows: Each association of under a hundred members shall have the right to depute one delegate; over one hundred, and up to three hundred members, two delegates; and over three hundred members, three delegates, after which there shall be no increase of representation.

3. The Grand Council shall meet annually for the transaction of business, when the honorary officers, who shall form the Executive Committee, shall be elected.

Executive Committee.

The Executive Committee shall be composed of the honorary officers. It shall meet from time to time for the transaction of business, and shall report annually to the Grand Council.

ARTICLE VII.—CODE OF ETHICS.

The Code of Ethics of the National League shall be binding upon all members.

ARTICLE VIII.—AMENDMENTS.

No addition or amendment shall be made to the Constitution at an annual meeting unless such addition or amendment be formally proposed and seconded by members of the National League at the said meeting, nor unless notice shall have been given in writing to the secretary of the full text of the proposed resolution by registered letter at least three weeks previously for insertion upon the Agenda of the said meeting. Such addition or amendment must be carried by a majority vote of two-thirds of those present at the meeting.

DUBLIN METROPOLITAN TECHNICAL SCHOOL FOR NURSES.

The annual meeting of the governing body of the above school was held last week, Mr. Ball presiding. The annual report showed that fifty-one candidates from the different coöperating hospitals were sent up for examination in general education. Dr. E. McDowel Cosgrave delivered seventeen lectures on anatomy, physiology, and hygiene, and three demonstrations in invalid cookery were given at the National Training-School, Kildare Street. There were one

thousand one hundred and seventy attendances at the lectures. The highest number of marks were gained by Miss Carrothers, of Sir Patrick Dun's Hospital, to whom a silver medal was awarded. Miss Hessian, of the Richmond Hospital, gained the bronze medal.

THE "NURSING RECORD" PEEPS INTO FUTURITY

Our English contemporary, the *Nursing Record,* has a helpful custom of giving at the end of the year a résumé of nursing history and progress up to date. Its summary for the past year in the issue of December 29 is especially full and valuable for reference, beginning with the reform movements initiated by Mrs. Fry, the Fliedners, St. John's House, and Florence Nightingale, giving all the important data from that time down to the present day, including the movements towards organization, the army nursing agitation, educational advances, and work of special distinction done by individuals, and concluding with a "Peep into Futurity," which we would like to quote in full, did not lack of space forbid more than the following brief extract:

A PEEP INTO FUTURITY.

"What will the new century bring us? May we venture upon a forecast? In the first place, it requires no prophet to tell us that there will be a great consolidation of our forces. The great International Nursing Congress at Buffalo next year, to which many of us are looking forward, cannot fail to impress upon those who take part in it the many interests which nurses of all lands have in common with one another, and to strengthen the bonds of fellowship which already unite us. We believe that the new century will be remarkable for progress in the more efficient education of nurses, and we look forward, first of all, to political enfranchisement for women, because we are becoming increasingly doubtful whether any profession of women, our own included, will make much headway until we have obtained this fundamental basis of freedom.

"And then what vistas open up before us! Our own profession will be recruited from the ranks of women inspired with a sense of their responsibility to the State and of their duty as law-makers as well as law-keepers. With this power will surely come to nurses the desire for the best form of professional education, and we shall see order arising out of chaos, symmetry evolving from confusion. A minimum curriculum of education will be laid down, and we foresee that the probationer of the future, in common with the aspirants for all other professions, will have to produce evidence of general education from some examining educational body. Then only will she be eligible for preliminary training for her chosen work in the *College of Nursing* which will then exist, not only in dreams, but in solid masonry. Its class-rooms will be hives of busy industry, where sweet-voiced professors of the science of nursing, whose experience has been gained by practical work, will lecture.

"If the embryo probationer succeeds in satisfactorily passing through this preliminary training, then she will pass on to her practical work in the hospital ward. Her examination prior to obtaining its coveted diploma of nursing will also be conducted by examiners appointed by the college, and without this diploma no one will be recognized by the State as a trained nurse. . . . And is it not possible that the College of Nursing will not only be an educational centre to nurses during their undergraduate career, but that classes will also be arranged for graduate nurses, so that they may perfect themselves in the special branches of their profession and so gradually add to their qualifications?"

The article closes with a plea for the extension of normal-school methods in the education of would-be nursing teachers, and the whole ideal, though pitched high, is not more difficult of realization than what has actually been done in the past hundred years.

THE sixty-third yearly report of Kaiserswerth, the venerable mother-house of modern nursing, sent to us by the kindness of Pastor Zoellner, contains a deeply interesting account of the celebration of the one hundredth birthday of Pastor Theodore Fliedner on January 21, just one year ago. Although invitations to the anniversary festival were limited to the deaconess establishments and affiliated institutions founded by Fliedner and to the old friends who were left of his first Sisters and teachers, the memorials were widely alluded to throughout Germany in the press and pulpit, and, best of all, the means necessary to build and maintain a home hospital for the sick and worn-out Sisters were given as a tribute to the labors of these self-denying women. Only one criticism we make as to the reports of the Kaiserswerth work,—little or nothing is ever said as to the part taken by *Mother* Fliedner. When will her biographer arise to do her full honor?

LETTERS

FROM OUR CORRESPONDENT IN ITALY

(Continued from January number)

OSPEDALE CLINICO, NAPLES.

Perhaps you will realize what is required of me when I tell you that no nurse is allowed to remain in the four wards unless I am walking the hospital and making myself as ubiquitous as possible. If I go upstairs to lunch or to rest for more than a few minutes, I must collect my flock, no matter what they are doing, and take them with me. . . . The nurses leave the hospital between two and three P.M. and return to their homes. After they are gone I spend the afternoon and evening in writing up all the notes of the day's lecture for them to copy. Though my pupils are fully up to the standard of the average English girl, they are too inexperienced to take down correctly the scientific and technical lectures, and this is better than revising all their written notes would be.

I wrote out at the beginning of the year a programme of the subjects I considered necessary for nurses, copied from my J. H. H. notes. The chief, whose ideas on nursing matters do not differ greatly from those prevalent in English hospitals, agreed with me. The lecturers, however, enlarged a good deal on theory and technicality. In the course of the year they have realized that we need simple facts.

I put my nurses into uniform in February. The material is rough gingham, striped blue and white, with turn-down collars, high white aprons, and hemstitched half-sleeves. Caps would have been against the ideas of propriety here, and I did not suggest them. With regard to ward work: during the first few months I was obliged, not having any graduates, to leave three out of the four wards to the servants and give my practical lessons in the fourth. After six months' training I was able to put the nurses in charge of the wards, always under my direct surveillance, of course, and the results have been such that the ward doctors are fully persuaded of the value of our institution.

GRACE BAXTER
(Johns Hopkins Hospital).

FROM EGYPT

ASSIOOT, EGYPT, December 3, 1900.

. . . I am on the point of building "air-castles," now that we see a new hospital really stones, bricks, and mortar. I can believe that even a training-school may be possible.

We have a general fund, but anything sent as a "special" for any part of the work is not put into the fund, but goes directly to the "special." Our home board agrees to supply the means for carrying on the work reported to them and the missionaries' salaries, but often there is a great demand for money that is denied us on account of poor collections at home. We paid for a piece of land on which to build our new hospital now in course of erection six hundred pounds, or three thousand dollars, and it was all collected from Egypt, most of it from our native Protestant and some Mohammedan friends, and a small part from tourists, English and American. . . .

We are treating patients in the old house which we rented when I first came in 1896—scores, and, yes, hundreds of various diseases, eyes especially. Numerous cases of eyes come to us nearly hopeless, caused by delay on the part of their superstitious friends, but we see a difference now. They are afraid to postpone treatment when they have once seen those who have been to us. We have patients from many different towns along the Nile, and they carry the news to others, who in turn come. We charge whenever we can get any money, but a great deal is freely done for the many poor. The rich ones give now and then, thus encouraging us very much. . . .

E. DORCAS LEAS.

[Miss Leas is a graduate of New Haven Hospital Training-School, and has been several years in Egypt, doing hospital work under the American Mission.]

THE CLEMENTINA HOSPITAL

HANOVER, GERMANY.

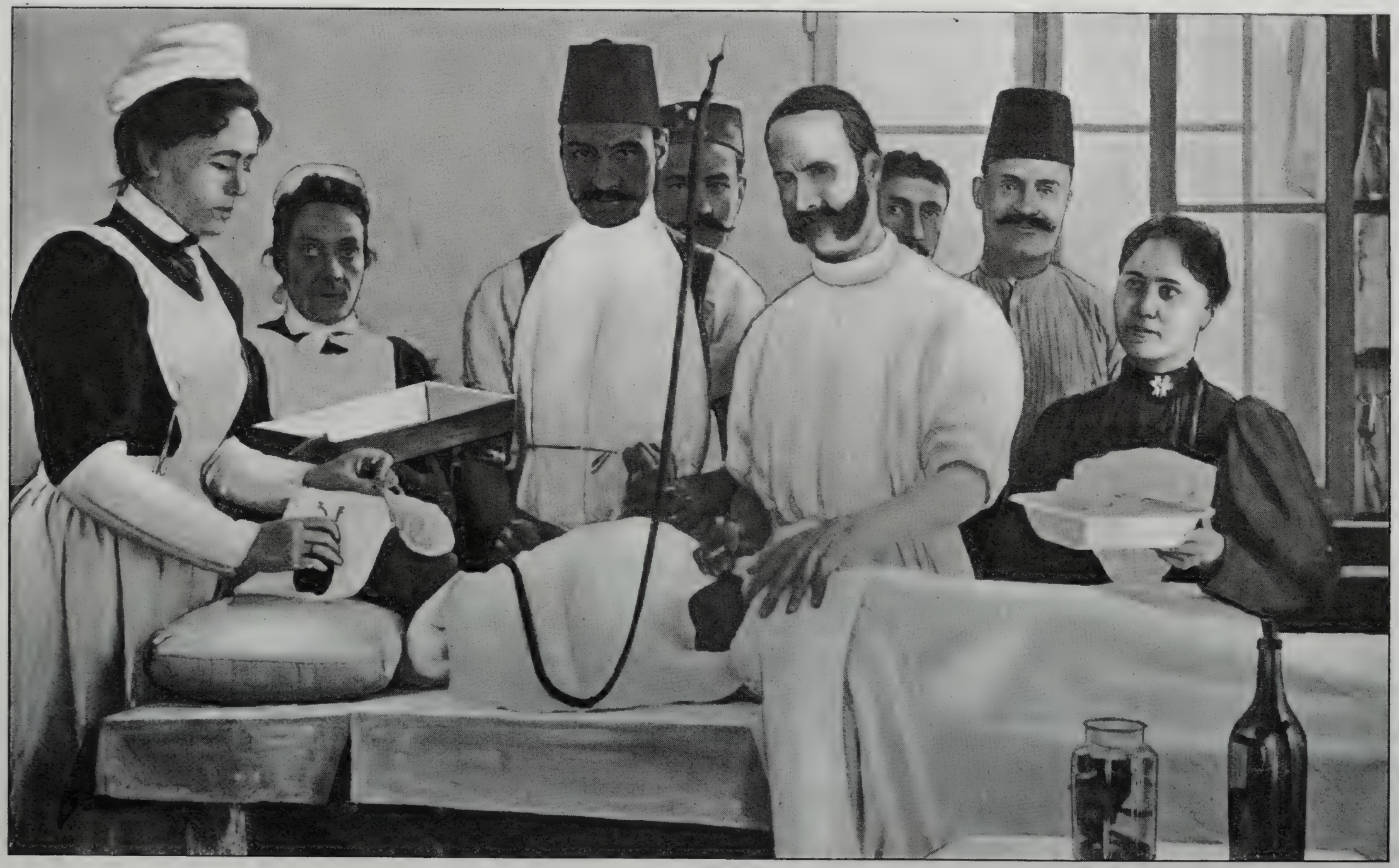
The Clementina Hospital, of Hanover, was started twenty-five years ago by a lady who in private life was known as Fräulein Lutzerode, with one small house, two assistant nurses, and three beds for private patients. They now have a pleasant and rather pretentious brick building four stories high with large gardens surrounding it, and can accommodate from fifty to sixty patients.

There are over fifty hospitals and "stations" of the Order of the Red Cross in Germany, of which this is the parent house, and Fräulein Lutzerode, or "Frau Oberin," is what her title suggests—the Mother Superior of all. There are one hundred and twenty-three nurses belonging to the order, thirteen only remaining in the hospital in Hanover at the present time. Young women and widows from twenty to forty years of age, from both high and middle classes, are accepted on probation.

None who have been servants are admitted; none with young children. All must have had a good ordinary education.

Though distinctly a religious order,—Protestant Lutheran,—four or five Catholic Sisters have been accepted from time to time, their admission being allowed by the laws governing the order.

Probationers must take to the hospital two dark-blue cotton dresses, one alpaca dress, plain underclothing, low-heeled boots that do not "creak," and



AMERICAN MISSION HOSPITAL OPERATING-ROOM, ASSIOOT, EGYPT



VIEW FROM HOSPITAL WINDOWS, ASSIOOT, EGYP

black gloves. They must also pay one hundred marks (twenty-five dollars) when they enter.

For eighteen marks (four dollars and fifty cents) the material for all three dresses and patterns for making the same are supplied by the Frau Oberin. This is returned to them in value in the form of a pin at the end of the first year,—if accepted,—and a large silver cross with a red cross in the centre at the end of five years. One year is the end of their probation.

If at the end of that time they are for any reason not acceptable to the Frau Oberin, she can dismiss them without the knowledge or sanction of the Board of Managers. Nurses so dismissed forfeit their one hundred marks.

The names of those who have met her approbation are offered to the board and are formally accepted as Sisters. Then they are given the pin and fluted cap of the order.

It sometimes happens that at the end of five years the Mother Superior may consider a Sister not worthy of receiving the cross. In that case she must wait another year, or even two years, as happened in one instance.

The Sisters are given four weeks annually, when they go home, and during that time they need not wear their uniform.

If they have no home, or friends whom they wish to visit, there is a station in the Hartz Mountains where they may go, and they are allowed a certain sum of money for their board.

In rare instances a Sister is allowed to go home if a member of her immediate family should be very ill. Eight weeks is the limit of such a visit annually, yet a case was cited where a Sister was given two years' leave of absence, owing to the chronic illness of the mother, whose only helper was a younger daughter, who had not finished her education. Rather than sacrifice the younger child, the nurse was allowed to take her place. It is the only instance of the kind, however.

Accepted nurses are supposed to remain always under the Mother Superior and the rigid rules of the order. But should a Sister wish to leave for good and sufficient reasons, the Frau Oberin can release her. She must then return the pin, cross, and uniforms, and if she desires it she will be given a testimonial of her standing and character in the order. Otherwise the Sisters remain all their lives. For those who become too old to work or worn out there is a pension and home, where they may stay as long as they live.

Probationers who enter after forty years of age cannot receive the pension or receive the benefits of the Invalids' Home.

The training is entirely practical, and is given in the wards by the Frau Oberin's assistants. A few lectures were at one time given by the resident physician, but they were shortly abandoned, so now neither studies nor examinations are required.

There are medical and surgical wards for men and women, rooms for private patients, a ward for children, two operating-rooms, and a dispensary, where the sick poor are treated free of charge.

No contagious or obstetrical patients are admitted.

A nurse has about three months' training in each of the different departments.

She has the opportunity of seeing various methods of treatment, as the patients are largely sent by the doctors of the city and are treated by them there. In connection with the dispensary, there is a drug department. This is also the nurses' province: they are their own pharmacists, and prepare all drugs used in the hospital.

Sisters are supplied with uniforms, caps, and underclothing.

Boots, gloves, soap, hair-pins, and similar necessities they must buy out of an allowance of eight marks (two dollars) per month.

They are sometimes sent out on private duty, but are subject to recall by the Frau Oberin should the needs of the hospital demand it. Twice a week such nurses must report personally to the Mother Superior, and should the patient or the family doctor demand things that it is not customary for them to do, they are not allowed to refuse or agree to the point, but must report the facts immediately by letter to the Frau Oberin, who deals with them herself. No charges are made for outside work. It is understood by such patients, however, that they are expected to give whatever they consider the Sisters' services may be worth. Though it sometimes happens that a wealthy patient may give little or even nothing, it is not true of the majority of cases. Barring the thirty thousand marks (seven thousand five hundred dollars) the interest of which is used for the invalid Sisters, the hospital is quite dependent upon such gifts, and they have all they need.

Aside from nursing and pharmacy, some of the nurses have learned photography and develop their own Röntgen photographs.

The general cleaning of the hospital outside the wards,—washing dishes, etc., —is done by the servants usually, but in case of necessity the Sisters would be called upon.

Several occupy one sleeping-room together, and this they are required to keep in order themselves. They rise at five-thirty A.M. in summer, six A.M. in winter. Twice a week or at longer intervals they take turns in "watching at night."

They have one hour daily for rest, and at nine P.M. their work must be finished. Attendance at morning and evening prayers is compulsory, also service in the little chapel on Sundays, unless occupied with the sick. Exercising in the fresh air for one hour is allowed daily during their hour of rest, but two hours a week they must spend out-of-doors.

Once in two months they are allowed to call on friends,—providing the Frau Oberin approves of the friends. They may also go to classical or sacred concerts.

Private correspondence is allowed only on Wednesday evenings. At the other hospitals and stations there is a Sister in charge, and all the other Sisters are subordinate to her, but all are subordinate to the Frau Oberin, and all matters of moment must be referred to her.

To lovers of beautiful old carved furniture, ancient silver, wonderful embroideries, etc., a visit to the Frau Oberin's private apartments would be a great treat. Upon entering her reception-room, one stops and exclaims in amazement and delight at the wealth of treasured bits that meet the eye so unexpectedly. One conjures up all sorts of mediæval stories as secret drawers are disclosed in most unexpected and unusual places. Doors of cabinets were opened showing still other drawers within, which are most beautifully carved or inlaid.

Outside, in the corridor of the wing occupied by the Frau Oberin and the nurses, the walls are literally lined with great carved chests almost black with age, fourteen in all, and several old cabinets equally old and beautiful. Very proud she is of these possessions, and rightly so, too.

Y. G. WATERS
(Johns Hopkins Hospital).

EDITOR'S MISCELLANY

THE PAN-AMERICAN EMERGENCY HOSPITAL

THE Pan-American Emergency Hospital is located on the west side of the Exposition Grounds, near the West Amherst gate, and west of the Service Building. It is T-shaped in plan, with the main front and entrance towards the north. The central portion of the building is two stories in height, and is occupied on the first floor by the main lobby, reception-room, and offices, while the second floor is divided into sleeping-apartments for the hospital corps.

The medical and surgical wards, also the office of the medical director and pharmacy, are in the east and west wings of the building. In the rear or south wing are the sterilizing- and operating-rooms, the kitchen and dining-room, the office of the house surgeon, and ambulance quarters.

The building is of frame construction, the inside walls and ceilings plastered, the exterior decorations being of staff, while the roof is covered with imitation Spanish tile. The ambulance quarters are equipped for two ambulances of the automobile type.

From the Emergency Hospital the administration of the medical department will be directed by the medical director, Dr. Roswell Park, assisted by Dr. Vertner Kenerson.

In addition to the hospital building, there will be provided, as occasion may require, several Emergency Hospital tents located about the grounds, so that assistance may be given with the greatest possible promptness.

While the plan for engaging nurses has not been fully formulated, it is understood that graduate nurses will be engaged for one month or more at a nominal salary, board and lodging to be furnished at the Exposition Grounds. The hours of duty will be arranged so as to give them considerable time to themselves. This will enable them to see the Exposition under very favorable circumstances.

The usual duties pertaining to such positions will be assigned the superintendent of nurses. She will have direction of the selection of nurses and the regulation of their work. This will be of somewhat peculiar character, because of the situation and scope of the hospital, it being purely for emergency purposes. No case will be kept there longer than is required for their first aid and to enable them to be moved without danger to their lodging-places or to some other hospital. Nevertheless, a completely equipped operating- and dressing-room will be provided for all cases that need prompt surgical aid. Experience of previous expositions has shown the wisdom of—even the necessity for—such provisions. At least two automobile ambulances will be ready at an instant's notice to go to any part of the grounds. Stretchers and litters will also be provided. Complete telephone connections with all parts of the grounds will be established. In this way any emergency case can be speedily cared for. Between September 1 and February 1 over four hundred accident cases have been cared for in the temporary accommodations at present located in the Service Building, an average of nearly three a day. This shows the necessity of maintaining such a hospital department during the period of construction.

Graduates of training-schools in good standing desiring positions under the above conditions are invited to make applications to the "Superintendent of Nurses, Service Building, Pan-American Exposition Grounds, Buffalo, New York."

ADELLA WALTERS,
Superintendent of Nurses.

ST. BARNABAS GUILD.

THE St. Barnabas Guild, of Washington, D. C., scored a great social and financial triumph Friday evening, January 25, on the occasion of its Birthday Party, held in Epiphany Parish Room. Two hundred and fifty invitations had been issued, consisting of a card containing the following words:

"St. Barnabas Guild, with its nurses true,
Presents this Birthday greeting to you,
And sends to each a little sack;
Please either bring or send it back
With as many cents as you are years old—
We promise the number shall never be told.
We'll gladly furnish you something to eat,
And try to amuse you with many a treat.
But 'Main 559' we'll ask that you send—
Our telephone number—to doctor and friend.
The Nurses' Directory sends greetings most hearty,
And hopes you'll attend *your own Birthday Party.*

"EPIPHANY PARISH ROOM, Friday, January 25, 8 P.M."

Attached to the card was a tiny sack. Of course, the unique method met with unqualified favor and a hearty response. One noticeable feature of the returns was the maturity of age, nearly all having at least reached fifty and some one hundred years. Perhaps the mellowing influence of old age may have helped our receipts. The weather was most unfavorable during the day, snow falling from seven A.M. until four P.M., leaving the streets in a state of slush. The committee entertained grave doubts of a successful outcome, but just here was proved again that the way to make a success of anything is by united effort and the quality called "stickto-ativeness." There must be no such word as fail. Much to the delight of all, a crowd of social people, among whom were many M.D.'s, gathered, filling the room with a hum of busy, pleasant sound, for there was an eagerness shown by all to take an active part in the many treats. Mrs. Griffith, wife of Dr. M. Griffith, assisted by Miss Parker and Miss Smoot, gave a great deal of pleasure and profit with a soap-bubble table, every one being willing to try if haply they might win the tempting prize—a two-pound box of Huyler's candy. Dr. W. A. Wells was the final victor. Miss Simonton held a Rummage Sale and found the work both pleasant and remunerative. Miss Hewett and Mrs. George Evans sold sealed packages, which contained material for a hearty laugh at least, and disposed of their entire stock.

Miss Wiggins's Art Gallery proved an untiring attraction, and some lively guessing was indulged in. The fortunate prize-winner was Miss Champlain. Miss Severance's Bowl of Literary Salad seemed a pleasant feature, and furnished food for thought. Miss Jefferson, one of our district nurses, obtained the prize. One of the most appreciated parts of the evening's pleasures was the music, furnished by Mrs. W. D. West,—a soprano solo by Miss Keefer, contralto

solo by Miss De Reimer, violin solo by Rev. Caleb R. Stetson, and baritone solo by Mr. Hamilton; pianists, Miss Chambers and Miss Lathrop.

A dainty supper was served by the associate members. But the chief charm of everything was the apparent sympathy shown to the nursing profession and the good-will and harmony which dominated everywhere. To those fortunate enough to be "off duty" the event will stand as a social treat.

The expenses were small for the guild, as the contributions from friends were most liberal, so that out of one hundred and fifty dollars we shall have at least one hundred and forty-five dollars above expenses, which gives us fresh inspiration and courage to try again.

BESSIE E. SEVERANCE.

CIRCULAR VS. LONG WARDS

MISS MCGAHEY, matron of Prince Alfred Hospital, Sydney, New South Wales, has written to ask for expert opinion as to the relative merits of circular wards, as they are about to build, and the question of building circular wards has come up. We give the advices we have received so far on this point, and would be glad to hear from other hospitals having round wards:

BUFFALO GENERAL HOSPITAL.

Our wards are semicircular; we have found them agreeable in every way. In our arrangement of bath-rooms, linen-closet, diet-kitchen, etc., the work of the nurse is made very easy. We contemplate constructing three wards more of the same character when we make future extensions.

I believe these wards superior to the long wards, unless the bath-rooms and serving-rooms are so arranged as to open into the ward at the centre instead of at the end. The last bed in a ward that is ninety-five feet long is a long way from service-rooms when these are located at the end of the ward.

I am very truly yours,

RENWICK R. ROSS,
Superintendent.

With the recollection of three years' residence in a hospital having one circular pavilion, the Johns Hopkins Hospital, I think the advantages and disadvantages are about evenly balanced.

ADVANTAGES.

The ventilation is quite perfect in circular ward, and with central shaft, temperature of ward is more easily regulated.

More cosey and cheerful for the patients, who can see one another better and can as a rule attract the nurse's attention better than in a long ward.

Less running for the nurse, and much more convenient for the serving of meals, changing bed-linen, etc., than the long wards.

DISADVANTAGES.

The shaft is ugly, cuts off a part of the ward from sight, so that the nurse cannot see all of her patients at one time, nor can one always see the nurse, supposing there is but one on duty.

Inconvenient for surgical dressings, on account of comparatively narrow triangular space between beds at the foot, and quite impossible for typhoid tubs unless distance between beds is very great.

L. L. DOCK.

To the Editor of THE AMERICAN JOURNAL OF NURSING.

DEAR MADAM: A volume neatly bound in green cloth and bearing the title "Cornell and Shober's Directory of Trained Nurses of Greater New York and Philadelphia for 1900 and 1901" has fallen under my notice, and in looking over it my attention was attracted by noticing the name and former address of a nurse who has been dead for nearly a year, and another who has been married for a longer time. On further inspection I observed so many addresses which of my own knowledge I knew to be wrong, that I made a somewhat detailed study of the book. A nurse of much prominence, not doing private duty, is entered twice, one time right and one time incorrectly. I also learned that many names were there without their owners' knowledge, and in one case, at least, against the owner's express wish.

I compared the addresses with those in a directory compiled by a graduate nurse which I always have on hand, and it was a curious coincidence, which, of course, can be nothing but a coincidence, that the addresses which are now inaccurate were the same as those in her directory of a year ago. I was also interested to notice the similarity between the obstetrical table, poisons and antidotes list, notes on prevention of disease and the propagation of contagious disease in these two books. Did I not know that the directory referred to is seven years old, I might suppose that the compiler had culled her pages directly from these. However, we remember that science is exact, and therefore two people cannot well express the same thing differently.

The list of Philadelphia nurses only goes as far as the letter I. There is, perhaps, to be a second volume issued.

The "Nurse's Directory" does not pretend to be a directory of all nurses' addresses, but only of a carefully selected list, and is published in the interests of nurses, doctors, and patients, being carefully revised twice a year.

The multiplication of nurses' registries by the laity, both on paper and in the flesh, makes us wonder whether there is anything in it, or whether all these people are simply so kind and good to us that they cannot refrain from doing things to help us. Meantime, what are we doing to help ourselves?

L. L. DOCK.

NEW YORK, February 7, 1901.

To the Editor of THE AMERICAN JOURNAL OF NURSING.

DEAR MADAM: I must write and tell you what a pleasure the JOURNAL is to me. I have read it with increasing delight for five months, and have commended it to several friends. My husband, who is an editor, looks over the JOURNAL and frequently clips articles from it. He shares my own high opinion of its merits.

With all good wishes for the continued success of THE AMERICAN JOURNAL OF NURSING, I remain,

Sincerely,

MARGARET MCKINNON ELLIS,
J. H. H., 1899.

WYNCOTE, PENNSYLVANIA, February 4, 1901.

In the "Items" in the January number of this Journal may be found an account of the graduation of a class of nurses from a training-school for colored women in New York City, with the statement that this was the first class of nurses to graduate from a like training-school in the North. Miss M. G. Roberts, of Freeport, Illinois, requests that this be corrected, as, she says, there are schools in Chicago, Philadelphia, Baltimore, and Washington for the training of colored nurses.—Ed.

THE ARMY BILL

The Reorganization Bill of the army has passed both houses, been signed by the President, and has become a law. Section 19 stands for a great concerted effort on the part of the nurses of the country. As a copy of the bill, as finally amended and signed, has been received very late, we reserve comment until another number.—Ed.

"An Act to increase the efficiency of the permanent military establishment of the United States.

"Section 19. That the Nurse Corps (female) shall consist of one Superintendent, to be appointed by the Secretary of War, who shall be a graduate of a hospital training-school having a course of instruction of not less than two years, whose term of office may be terminated at his discretion, whose compensation shall be one thousand eight hundred dollars per annum, and of as many chief nurses, nurses, and reserve nurses as may be needed. Reserve nurses may be assigned to active duty when the emergency of the service demands, but shall receive no compensation except when on such duty: *Provided,* That all nurses in the Nurse Corps shall be appointed or removed by the Surgeon-General, with the approval of the Secretary of War; that they shall be graduates of hospital training-schools, and shall have passed a satisfactory professional, moral, mental, and physical examination: *And provided,* That the Superintendent and nurses shall receive transportation and necessary expenses when travelling under orders; that the pay and allowances of nurses, and of reserve nurses, when on active service, shall be forty dollars per month when on duty in the United States and fifty dollars per month when without the limits of the United States. They shall be entitled to quarters, subsistence, and medical attendance during illness, and they may be granted leaves of absence for thirty days, with pay, for each calendar year; and, when serving as chief nurses, their pay may be increased by authority of the Secretary of War, such increase not to exceed twenty-five dollars per month. Payments to the Nurse Corps shall be made by the Pay Department."

DEATH OF MISS GRIENER

Miss Kate A. Griener, who died at St. Luke's Hospital, New York, on the afternoon of February 6, was a graduate of the Training-School of the Massachusetts General Hospital in the class of 1887.

Miss Griener's home was in Buffalo, New York. She was a woman of high principle, of unusual intellectual ability, and possessed great personal charm,

winning friends easily. She was a most successful private nurse, and held for a time the position as superintendent of St. Luke's Hospital, St. Paul, Minnesota, where she did splendid work. Her health failing somewhat, she spent two years in Europe. Wishing to keep pace with every advance being made in the nursing profession, she entered the class in Hospital Economics in the fall, where she had proven herself to be an able student, and was apparently happy in the life of the college. To a host of devoted friends the news of her death comes as a great sorrow. She leaves two brothers, who reside in Buffalo.

DEATH OF MISS DOWNING

Miss Eleanor Downing was graduated in June, 1900, from the Roosevelt Hospital. She was one of the brightest members of her class, and gave great promise of future success and usefulness even before leaving the hospital. That her time for fulfilling this promise was to be so short was not dreamed of, and the news of her death, which occurred in the burning of the Hotel Jefferson, was a great shock to her friends. On Friday evening, February 1, there gathered in the nurses' lecture-hall of the Roosevelt Hospital her superintendent, classmates, and friends for the funeral service, and to take a last look at the one who had so suddenly been removed from their midst.

MARRIAGE OF MISS WOOD

Miss Cary Wood, graduate of Old Dominion Hospital, Richmond, Virginia, and head nurse at the Hill Infirmary, Montgomery, Alabama, for the last three years, was married at her home in Albemarle County on February 1 to Judge W. C. Fuller. She was an enthusiastic worker in the alumnæ, and as they cannot afford to lose her, the members are hoping she will be "fuller" of enthusiasm than ever.

CHANGES IN THE ARMY NURSE CORPS

CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING FEBRUARY 12, 1901

Bauer, Mrs. Christiana M., transferred from the First Reserve Hospital to the Santa Mesa Hospital, Manila, November 26, 1900.

Benton, Mrs. Catherine A., appointed for duty at the United States Army General Hospital, San Francisco, and reported there February 3, 1901.

Brown, Mrs. Jessie M., transferred from the First Reserve Hospital to the Santa Mesa Hospital, Manila, Philippine Islands, November 26, 1900.

Call, Sylvia, transferred from the First Reserve Hospital, Manila, to the Military Hospital, Dagupan, Philippine Islands.

Casey, Joanna B., assigned to duty at the First Reserve Hospital, Manila, from transport Sherman November 29, 1900.

Cleland, May, transferred from the First Reserve Hospital, Manila, to the Military Hospital, Dagupan, Philippine Islands.

Duckworth, Lottie B., arrived in Manila on the transport Sheridan December 16, and was assigned to duty at the Santa Mesa Hospital.

Durkee, Lulu B., was taken ill at Vigan, Philippine Islands, in November, and on account of the superior facilities in Manila was transferred to First Reserve Hospital for treatment.

Hasemeyer, Augusta D., transferred from the First Reserve Hospital, Manila, to the Military Hospital, Dagupan, Philippine Islands.

Hearn, Mrs. Mary, Hamilton Barracks, Matanzas, Cuba, has had her contract annulled.

Holmes, May Rose, transferred from Cabana Barracks to duty at Columbia Barracks, Havana, Cuba, January 26.

Jones, Helena Emily, sailed from San Francisco February 1 on transport Lawton on return journey to Manila, Philippine Islands, in charge of party.

King, Ella Blanche, reported at the United States Army General Hospital, San Francisco, January 7, from transport duty en route from Manila, and is under orders to return to the Philippines.

Kolp, Marie A., left Military Hospital, Dagupan, Philippine Islands, December 27, 1900, for transport duty on the Warren, and arrived in San Francisco February 2 en route to her home.

Laughlin, Mary C., on transport duty from the Philippines, reported at the United States Army General Hospital, San Francisco, January 7, and sailed February 1 on the transport Lawton en route to Manila, Philippine Islands.

Lippert, Ida Dora, transferred from the First Reserve Hospital, Manila, to the Military Hospital, Dagupan, Philippine Islands, December 17, 1900.

McCarthy, Theresa E., on transport duty from the Philippines, reported at San Francisco en route to her home. Contract annulled January 31.

McCurdy, Frances, assigned to the Santa Mesa Hospital, Manila, Philippine Islands, from transport duty December 4, 1900.

Rist, Ella, reported from transport duty at Manila and was assigned to the Second Reserve Hospital December 17, 1900.

Salter, Mrs. Marguerete, chief nurse at Fort Bayard, New Mexico, transferred to duty as nurse in Manila, Philippine Islands.

Sigsbee, Harriet E., left the Santa Mesa Hospital, Manila, for duty on the transport Warren and arrived in San Francisco February 2 en route to her home.

Smithwick, Georgie, left the First Reserve Hospital, Manila, for duty on the transport Warren and arrived in San Francisco February 2 en route to her home.

Tullis, Victoria A., left Military Hospital, Dagupan, Philippine Islands, for duty on the transport Warren and arrived in San Francisco February 2 en route to her home.

Weinberg, Else, lately assigned to duty at the United States Army General Hospital, has had her contract annulled.

THE EDITOR

What is Civilization? I answer, the power of good women.—EMERSON.

QUEEN VICTORIA during her reign of sixty-four years gave to the world a wonderful demonstration of the truth of Emerson's idea of civilization. It was the influence of the good woman that made her reign powerful. Kindliness, sincerity, constancy, and truth governed every action of her life, whether as ruler, wife, or mother, and it was those simple womanly attributes that so endeared her to the English people and commanded the veneration of the civilized world.

IN his message to the Legislature of New York Governor Odell made the recommendation that a single salaried officer should be appointed to perform the work now in the hands of the State Board of Charities.

A meeting of representatives of the charitable societies and institutions of New York City was held in the Assembly Hall of the United Charities Building, on January 23, 1901, to consider this proposed reorganization. There were present at this meeting representatives of every important charitable organization in the city of New York, men and women whose names stand for earnest, conscientious work, and whose interest in the charities of the State is entirely non-partisan.

Mr. R. Fulton Cutting, president of the Association for Improving the Condition of the Poor, presided. Among the speakers were Professor George F. Canfield, president of the State Charities Aid Association; Professor Felix Adler, Mrs. Charles Russell Lowell, Rev. D. J. McMahon, D.D., supervisor of Catholic Charities of New York; Dr. Lee K. Frankel, manager of the United Hebrew Charities; Mr. William C. Kellogg, president of the Brooklyn Children's Aid Society, and Mr. Nathan Bijur, of the United Hebrew Charities.

The sentiment was unanimous that a single Commissioner of Charities, as proposed by the Governor, could not satisfactorily perform the duties of the present board of twelve members. This proposed change has been most emphatically denounced by the clergy and by the press, and the voice of the people would seem to be against it.

There is a side to this question which is of special interest to the

nurses of New York State, independently of their interest as citizens in the good management of its charities. The proposed change means practically that all the charitable institutions, which includes hospitals, will be put under political control. Such control would endanger the best interests of the hospitals, and whatever affects the welfare of the hospital has a direct influence upon the welfare of the nurse.

We most emphatically indorse every protest which has been made in disapproval of this proposed reorganization.

MISS NUTTING'S very able article on "Preliminary Training," which closes a series of three papers on this subject in the Educational Department, shows very conclusively the defects in the present system of training and the advantages of preliminary instruction, as has been demonstrated in the Glasgow Infirmary and London Hospital, but she has not suggested any practical manner in which such a plan can be worked out in the hospitals of the United States. We doubt if the managers of many of our leading hospitals would be willing to meet the full expense necessary for such preliminary training, and we have not yet reached the point in this country where women expect to give a money compensation in addition to the hard manual labor which is involved in gaining hospital experience. We believe that the plan suggested in this department of the October number of the JOURNAL might be made successful in any one of our large nursing centres, either New York, Boston, or Chicago. A number of Training-School Boards, assisted, perhaps, by a few liberally inclined people interested in nursing, might unite in establishing a preparatory school entirely outside of the hospitals, charging the pupils a moderate fee which would, at least in a measure, defray the cost of maintenance. Pupils could be prepared from this central school for any number of hospitals which would agree upon a uniform standard of admission. There has been some consideration of a school of this kind in Boston, but we have not heard that it is yet taking form. When we shall have reached some such plan of training, which will give a uniform standard of admission, and shall have gained State registration, we shall have made great progress in nursing standards.

Miss Dolliver, at the Massachusetts General Hospital, is working on quite original lines in the training of probationers, although she makes no claim to a preliminary course. We hope to give her plan in another number.

DURING the week that the JOURNAL went to press for the February number our own city was visited by a most heart-breaking calamity, the burning of the Rochester Orphan Asylum. This misfortune was brought

very close to us, as one of our own workingwomen lost a child in the fire, and as many of the children who escaped uninjured were brought to us for shelter, while we shared with the other hospitals of the city in the care of the comparatively small number of those who were burned or otherwise injured.

The agony of mind of the friends who were searching for their children, not knowing whether they were alive or dead, was something never to be forgotten.

Of the thirty lives that were lost, it was proven that only a very few of the number were actually burned by the fire, the others having been overcome by the smoke, which was carried rapidly through the building by means of the ventilating shafts. The details of this accident were so generally circulated through the press that it is not necessary to dwell upon them here. Such accidents come as a terrible warning to the officers of institutions, who are responsible for the lives of helpless people. It is the duty of the Board of Managers or proprietors of the building to see that the proper means of fire protection and escape is provided. It is the duty of the officer in charge to know that systematic and conscientious supervision against fire is maintained day and night, and that the working force is properly instructed in what to do in case of fire.

In our own hospital a fire lecture is given to each class of nurses, at which all of the employees are present, and the subject is gone over carefully with special reference to the arrangement of this hospital, with the possible chance of having to carry out helpless patients. Means of egress from the different sections of the building are dwelt upon, and the lecture ends with a demonstration in which the nurses are taught how to lift and carry helpless people, with special instruction in the treatment of those overcome by smoke. We are promised this lecture, with illustrations, for a later number of the JOURNAL, and we would like to ask those superintendents who have a regular fire drill established in their hospitals to send us copies of their printed regulations.

THE announcement is made in another column that the committee having the New York State meeting in charge expect to call the general meeting in March. We hope for two reasons the committee will postpone their plans at least a month. The winter has been so unusually severe for nurses that we doubt if many could arrange to be present at that time, and we think, having delayed the matter so long, there should be ample time allowed to announce the plan and programme in *all* of the nursing journals.

This meeting of the New York State nurses to organize a State

association having for its motive registration will mark an era in nursing history. The step should be taken carefully, deliberately, and with dignity, realizing that the entire nursing world is watching every movement. A strong, harmonious organization of the nurses of New York State means progress the world over.

With the March number, The American Journal of Nursing celebrates its first semi-annual birthday. To be half a year old, to have been declared a success professionally, to be paying our way financially, and to have made such a host of friends, we consider to be an occasion for congratulation. Still, we ask for the continued coöperation of the alumnæ members in increasing the circulation of the Journal and in sending contributions to its pages. It is generally understood that the entire editorial staff give their services gratuitously this first year, and only those engaged in it can appreciate the work the enterprise involves. It is not to be expected that these few women will be able to give their time and labor indefinitely for purely professional motives, and before the end of the year our subscription list must at least be doubled, that we may enter upon the second year with an income that will place the magazine upon a firm business basis.

We do not claim perfection for the Journal, but the development of such an enterprise must necessarily be slow. The "New Drugs" department comes into line with the present number, in charge of an able man, who is a physician, and has also been a practical druggist. The "Food" department will be organized before the year closes, and that of "Book Reviews" more perfectly arranged. It is our aim to make the advertising sheets reliable reference pages.

Miss Hibbard's very interesting articles, "With the Maine to South Africa," will continue through several numbers. The series of papers (beginning with the present number) on "The Feeding of Children" will be of especial interest, as the subject will be considered with reference to the school age

The papers on "Contagion and Disinfection" will appear at an early date, and promise to be most interesting and valuable. This subject will be considered from the stand-point of the city, town, school, hospital, home, and prison.

To all who have given material assistance, and to those who have sent kind words of encouragement and cheer, the editors make their grateful acknowledgments.

THE
AMERICAN JOURNAL
OF NURSING

VOL. I | APRIL, 1901 | NO. 7

ORIGINAL COMMUNICATIONS

THE EVOLUTION OF THE TRAINED NURSE*

BY E. D. FERGUSON, M.D.
Surgeon to the Samaritan Hospital, Troy, New York

GREAT as the progress has been in the science of medicine and surgery, with the consequent benefits to patients, the change and improvement in the management of hospitals, in all that large field which touches and yet extends beyond the doctor's duties, has not only developed and grown during recent years, but it may be said to have been the product of the period measured by the lifetime of the men and women of to-day. I refer to scientific nursing. I do not call it the profession of nursing, and I doubt the desirability of such a title, though the attainments of our nurses almost justify the use of the term.

It will not be practicable to enter into a description of details connected with the work; it is only the development and growth that I wish to illustrate, as shown by some historical references wherein the hospital of the past and the hospital of the present are placed in contrast. I wish the horoscope of the hospital of the future might be reliably read, for the work of improvement is going on, and to each institution is given the responsible duty not only to mark the time and keep the step which has been set, but to advance if possible the plane of achievement. . . .

The germ of the idea of a hospital as an aggregation at some

* Address delivered at the opening of the Nurses' Home of the Samaritan Hospital, Troy, New York.

special place of persons afflicted by illness is found in the temples to Hygeia and Æsculapius in Greece. There the wisdom of the priests early added to a ritual of prayer and sacrificial offering some rules of life and medicinal measures, more thoroughly enforced from the fact that their use was probably necessarily made a part of the religious ceremonial. Orderly and temperate living will bring physical benefit however it may be instituted, and in the progress of civilization it has been necessary to make use of incidental motives to secure methods of life the results of which were not apparent in the objects principally set forth. The idea of the aggregate care of invalids may have been measurably developed by such gatherings of the sick as must have occurred at the pool of Bethesda.

In the Grecian island of Cos there was a famous temple to Æsculapius to which many invalids resorted for the aid believed to accrue from the worship of the God of Health in that special locality. This gathering of many persons in search of health must have impressed the thoughtful observer who daily witnessed the different forms of disease, and as a matter of fact it was in this unchartered school that Hippocrates, who was born four hundred and sixty years before Christ, acquired the knowledge that enabled him to formulate the first truly scientific scheme of medical investigation and practice, a work that justly entitles him to be styled "The Father of Medicine."

Though in Egypt, whose motherhood of civilization could only be challenged by those who lived on the Euphrates, medicine attained a high grade of specialism in practice, rivalling even the modern subdivision whereby a patient may become confused and in doubt as to which specialist should give the necessary attention, still we have no evidence that the hospital idea entered into the Egyptian consciousness.

The Greek germ of the hospital, however, was lost with the change in the flow of events in history, and only reappears in later times when, as Lecky tells us, the first hospital was instituted about the year 379 by Fabula, a Roman woman of wealth and a friend of St. Jerome. On account of the state of the art of medicine in those times such institutions must have possessed largely the elements of an almshouse, wherein indigent and invalid persons could receive care. It is to monasticism, however, particularly the later form of that ecclesiastical development, wherein considerable numbers of monks were gathered into a community, that we are to look for the development and growth of the genuine hospital idea. In monasteries of considerable size it was soon found convenient and useful to set apart a certain portion of the buildings, under the title of infirmary, as a place for the care

and treatment of the sick brothers. From such a specialization in communal life it was but a step to the reception of patients other than the monks, and but another short step to the erection of separate structures specially designed for the care of the sick. The wave of charitable work which spread with the early development of Christianity resulted in the rapid erection of institutions for the care of indigent persons, and a favorite direction of such charitable work was the building of hospitals.

But the profound ignorance of the laws of hygiene which then prevailed caused these institutions to be more injurious than beneficial, for, though food and lodging were provided, the aggregation of large numbers afflicted with diverse maladies, together with overcrowding and ignorance concerning medical cleanliness and the principles of ventilation, resulted in the spread or development of disease rather than its cure, so that a hospital became a source of danger to those it was intended to succor.

One of the curious phenomena which marked ancient gregarious life was the indifference to or ignorance of the necessity for certain hygienic rules, and this after an exposition of the fundamental principles which would promote personal and public health by Moses which can be studied profitably even by modern hygienists. No doubt the directions for the care of the camp given in Exodus spread to Eastern nations, for otherwise the immense armies which made long campaigns in those days would have been unable to keep the field. Sir James Y. Simpson has shown that the Roman army in Britain had medical officers, which would imply that then some segregation of sick and wounded soldiers was probable.

Under the favoring influence of religious and sentimental emotions the development of hospitals spread throughout the civilized world, and where Mohammedan theocracy developed and prevailed it rivalled Christianity in the magnitude of its hospitals, wherein for a time was better preserved, taught, and developed the medical science of the day than in the Christian institutions.

That religion should find a place and expression in the organization of the early hospitals was natural, hence we find the title "Hôtel Dieu," or its equivalent, conferred on most of the buildings set apart as hospitals throughout Europe during the centuries from Constantine to comparatively recent times. But just as natural and logical was it that they should fail to be God's houses, not alone that sordid motives would naturally develop in the administration, but that no guiding light of definite knowledge was at the helm for a scientific direction of their affairs.

Therefore the *hospital* idea faded and the almhouse feature entered, so that with the broader interest in learning and science that came to these nations a few centuries ago and marked the close of the Dark Ages, there came a renewed interest in hospitals as places wherein to treat the sick.

It is not practicable for us to picture the hospitals of the past, only as it is done by descriptions given by contemporaries or through clues given by administrative records and accounts.

In those early and even quite recent days the position of the medical authority was far subordinate to that of the lay governor, and possibly properly so, for neither by qualifications nor by *esprit de corps* was the average sample of our early medical ancestors entitled to a large measure of respect or confidence. While it is the glory of medicine that its best and most useful exponents have made it a vocation and not a trade, the commercial spirit has always existed, but was even more prevalent in the past than now.

This inability of the medical officers through their own want of qualifications, or through their lack of official influence, to infuse into the administration an active and persistent effort to do all that could be done for the poor creatures who came within the hospital walls led to a condition of moral, physical, and medical degradation in these institutions. One illustration will suffice to show the difference between the modern hospital and so noted a one as the Hôtel Dieu of Paris two centuries ago.

As is known to you, the bedstead with four high posts is the survival of the large box which could be closed at night, and which for economy in the matter of heat was used by our ancestors as a sleeping-place, wherein several persons would lie with the sides tightly closed during cold weather. Economy of space in the small dwellings of early times was an additional reason for this gathering of a whole family into one large bed, but the putting of several persons into one bed was also a custom in many hospitals at a time far this side of the Dark Ages.

When we realize that care to separate the sexes and to segregate cases of infectious disease was not manifested by the administrative authorities, and that six or eight men and women were put to bed in what we may style a large crib holding some straw as a mattress, we may realize the reason why the medical profession was finally aroused to protests that brought reform even before the ecclesiastical authorities awoke to the depth of degradation to which hospital management had sunk.

But the leaven of reform finally found a lodgement, and attention

to cleanliness, ventilation, and the simpler elements of sanitary control became the rule in most hospitals.

Though the improvement was great, at least by contrast, still even as late as the student days of the elderly men of to-day what may be termed the moral, humane, and scientific work in a hospital lacked the more delicate and definite character which is known at the present time. There was a coarseness in the care and discipline of the inmates of hospitals of that period that would be revolting at present, but did not seem so specially obnoxious then. This is in a great measure was due to the inferior moral and social status of the hospital attendants, it not being practicable to secure as orderlies and nurses persons who by association and training were gentle in thought and deed, and clean in person and way of living. This defect in the nursing of patients was early apparent to the medical officers, but it did not seem possible to remedy it.

The difficulty in securing good nursing was shared by those who through wealth could command and pay for attention and care. Our ancestors, when in need of the services of a nurse, were usually obliged to submit to the ministrations of some "Sairy Gamp," unless favored by the care of some relative or friend whose common-sense and kind heart prompted to the simple but useful attentions of the volunteer nurse.

In some religious organizations certain guilds had been formed for the care of the sick, but as a rule the service did not go beyond the sentimental ministrations of the devotee. This statement is made with a high appreciation of the virtues, usefulness, and goodness of the members of nursing sisterhoods, but the nurses were not trained, and each could only absorb a little knowledge by observing the work done by the physician or surgeon.

But a spirit of improvement had arisen in many relations of life. The protest registered by the establishment of new social ideas in New England and elsewhere was bearing fruit, and cleanliness of life, with altruism as a motive, was becoming recognized in the social fabric.

Elizabeth Fry, a wife and mother, began her effort to improve the condition and opportunities of the women prisoners in Newgate in 1817. From an account of her life and work the following quotation is made: "Though dissuaded by the officers, she worked a miracle in an incredibly short space of time. The ward into which she penetrated was like a den of wild beasts; it was filled with women unsexed, fighting, swearing, dancing, gaming, yelling, and justly deserved the name of 'Hell above Ground.' Within a month it was transformed, and presented, says an eye-witness, a scene where stillness and propriety reigned,—the wild beasts were tamed."

The ability to do such work is a gift, but not a gift without the need of cultivation, development, and direction. Mrs. Fry had gone in and out among her needy neighbors, where the debasing influence of the vicinage of Newgate developed the traits that furnished material on which she made her first ventures and learned her methods of securing confidence and winning control. Then her devotion to the principles and practices of the Society of Friends, which she had joined, may have aided in developing her methods. She did a work even more striking than that of Howard, for she began with the most serious problem connected with penology, and without aid and only a woman's strength accomplished almost a miracle.

(To be continued.)

CLEANLINESS IN SMALL THINGS

By HELEN C. JENKS
Philadelphia

We are all impressed by the germ theory of disease, we all feel that we must wash our hands frequently, that we must use clean clothing, and that, if we have been with a person who is ill, we must be especially careful on these points, lest we carry infection elsewhere or suffer from it ourselves. In dressing a surgical case we are taught that more than ordinary cleanliness is necessary—we must not only wash, but disinfect. We must beware of blood-poisoning, we must be vigilant to the last degree. All this is good, a great advance beyond the sanitary methods practised only a quarter of a century ago, and yet how inconsequent we are! If we really believe that germs are lurking everywhere, if we know that dirt—that is, "matter out of place"—helps them to grow and spread, why do we not take more heed in our daily lives?

Notice the dirt on the *inside* of windows. It does not show quite as much as the dust and raindrops *outside,* but it accumulates very fast and seems to be composed of the particles which always float in the atmosphere, and which are lightly glued to the glass by the moisture coming from the breath of persons living in the room or from other dampness. Frequent polishing keeps our *windows* bright, but meantime the walls are probably covered with the same light film, invisible where light does not shine through it. It is the custom not to clean wall-paper except by brushing or light wiping once or twice a year, and never to change it until it really shows the dirt. A handsome and

expensive paper wears far longer than a cheap one and may be left on the walls for ten, fifteen, or even twenty years. We would consider ourselves disgraced if the inner side of our windows was unwashed for that time.

Once in a London boarding-house I found the landlady covering her furniture with bright chintz. I expressed astonishment that in so smoky a place she should use light colors, but she explained that she did not want things to conceal the dirt. "It is far more cleanly and healthy to change the covers frequently, and I must do it if they *look* soiled" was her reply to my criticism.

Then about gloves. Do we always see that our hands are clean when we put them on? Suppose a district nurse goes to a case where there may be contagion—certainly these are abnormal conditions—and she does not stop to wash carefully, thinking she can do it better at home, puts on her gloves, and goes to another case, and repeats the same thing for many days, is it likely that those gloves are really clean and her hands safe to use for surgical work or in the case of those who, enfeebled by illness, are ready to take new infection?

With trunks people are careless too. Soiled clothing, boots, etc., are packed together and the lining of the trunk in no way protected from the dirt—probably not easily perceptible to the eye—which rubs off upon it.

The closets where our garments hang are often close and disagreeable, which means there is more or less stale dirt clinging to their walls. A delightful way is to have windows in closets, but as that is seldom possible, the next best method is to thoroughly ventilate all wearing apparel before putting it away, and also, if possible, have the closet door left a little ajar or an opening made at the top.

There are many other little ways in which we are all careless, and nurses who go from house to house must often be much tried at those which are especially dangerous, but a nurse also often has it in her power to hint at better things, to show by her own scrupulous care what real cleanliness means. She would rather be without handsome window curtains that see them when the slight grimy feeling and dingy edges indicate a use for months without washing. She too prefers her calico dress to all others while she is at work. She errs on the side of extravagance rather than let her patient be without clean towels, sheets, etc. A well-kept sick-room is one of the most immaculate spots on earth, and, except when the nature of the disease makes it impossible to control all odors, often the most sweet and refreshing part of the house.

What a nurse can do for the one place she is trained to watch over we should all strive to imitate in other corners of our daily life.

IS EXCLUSION EFFECTIVE?

By L. L. DOCK
New York

Standing, as we do, at the entrance of an era of organization among nurses, how many of us have really gone consecutively through a course of "thinking things out" logically as to what we want to do and how to do it? What principles lie at the foundation of our organizations? What is our goal, and how shall we manage the transition period between? Do we remember too that we shall never get anywhere to stop, but that when we reach what we now think to be our goal we shall see others beyond, with, most likely, other transition periods to pass through?

If we sit down and recall all the history we are acquainted with in regard to our various organizations, I think we will admit that they have all been largely influenced by the spirit of "caste," and that petty distinctions, more or less artificial, have been given an undue importance in their formation.

The caste we clung to was not one of birth or riches, but of what we conceived to be a superior professional education, and our first care, in the beginning of organization, was to associate only those who held certain external evidences of similar training and to leave every one else out. Our first organizations were of a passive nature. They were not active or creative. The "exclusion" plan was contemplated almost with veneration. I well remember that my own convictions, some time ago, were that the only possible way to maintain high standards in nursing education was to bring together the select few and hold them carefully aloof from all the less distinguished, and it seemed, indeed, that any other course would be equivalent to a denial of one's belief and a betrayal of one's principles on professional matters.

The observation and experience of a number of years have entirely modified these convictions. After being grounded in the exclusion principle, and after working for some time with a full belief in its correctness and sureness, I have now rejected it, or, rather, after a long, slow decay it died peacefully in my mind, and I would now willingly hasten its demise in the minds of others.

Now those who excluded were conscientious. We revered the ideal of true nursing education and wished for it to be attained everywhere. We did not exclude from personal ill-will or from spitefulness, but because we honestly thought we were right. It seemed the only way. But now, as impersonally and abstractly as I once held this view, I

now impersonally discard it, not with reproaches or accusations of narrow-mindedness, or criticisms of any kind, but simply on the practical ground that it is ineffective; that it is weak and futile; that it has never actually done what we wanted to accomplish. The cause of the education that we have at heart has in no way ever been advanced by the exclusion method. Those who have practised it the most have gone back or stood still, and our best successes have resulted from modifying our "caste" ideas.

I believe that as we modify them more and more in the future, we shall be more and more active in our progress. We aim at a general standard of good all-round training. Now, how can we best bring it about? If there is a little hospital somewhere that we think is not giving its nurses a good training, and we want to bring it into some general scheme, are we more likely to make the desired impression upon it by saying "Keep away from us," and in the next minute, "We are an example for you to follow," or by entering into helpful and friendly relations with it and by trying to help solve its problem?

The exclusion method belongs to the old static conception of the world and society; it is of the type of thought which held everything to be definite and fixed; when special acts of creation were believed in, and when people were told, "Let everyone be content in that sphere of life in which he has been placed." Is it not time to lay it away with the other outgrown habits, and conscientiously act in accordance with the theory of progressive development, seeking affiliation with all who have kindred enthusiasms and making common purpose the true test of membership in our young and growing associations?

THE DUTIES OF AN OPERATING-ROOM NURSE

By MARTHA LUCE
Boston City Hospital

(Concluded)

The room being ready, the sterile goods are taken in and placed on a side-table. Four large basins are conveniently placed for disinfecting the hands. These basins should contain respectively a solution of corrosive sublimate (1 to 5000), a solution of permanganate of potassium (1 to 20), a saturate solution of oxalic acid (two parts) to hydrogen of peroxide (one part), and sterile water. The rubber gloves may be placed in the sterile water after they have been boiled. The salt-solution is kept at the proper temperature by placing the flasks in hot water.

The operating-table is padded with folded sheets for the patient's comfort, and small pads are provided for the protection of any part subjected to great pressure due to prolonged elevation of some part of the body, as in the Trendelenburg position, where pressure comes on the shoulders from the braces which support them.

On the etherizer's stand should be placed, besides ether and the ether-cone, a hypodermic syringe, stimulants, tongue-forceps, a gag, a basin, towels, and gauze. Tables are provided for the instruments, etc., and receptacles for soiled sponges.

While the ether is being administered in an adjoining room, the surgeons prepare themselves for the operation, the operating-room nurse assisting them with their gowns and head-coverings. She opens sterile goods which they need, and brings in instruments, etc., in the trays in which they have been sterilized. She then prepares herself as they have done, scrubbing her hands and arms above the elbows with soap and water for five minutes, rinsing them with running water, then successively putting them through the permanganate, oxalic, and corrosive solutions. Next she puts on her sterile gown and rubber gloves, and is ready when the patient is brought in.

The table for the instruments is covered with a sterile sheet, and there is another one covered in the same way for the sponges, ligatures, needles, etc., which are the nurse's special care.

She counts the sponges or strips in each package as it is opened, the assistant nurse recording the number, to be compared with her count of the soiled ones, which follows the operation if it be a laparotomy.

The surgeon, his assistant, and the operating-room nurse are sterile for the operation, and there are usually another assistant surgeon and nurse, who are not sterile, to attend to many of the minor details in the operating-room.

The operating-room nurse assists the surgeon with sponges, ligatures, and sutures; she keeps instruments clean and ready for use, and is sometimes required to hold retractors or specula.

She must be familiar with the names of all instruments, and anticipate as far as possible every requirement of the surgeon. Much depends on her intelligence and quiet self-possession. After the operation she assists in applying the aseptic dressing and the bandages or swathes.

When the patient is taken out, all soiled sheets, gowns, sponges, etc., must be removed from the room, the instruments must be cleansed and polished, and the room put in perfect order. Any stains on the floor should be removed while they are fresh.

The instruments are scrubbed with cold water first, then with soap and hot water; then they are boiled as before the operation, and

finally dried and polished. All knives are sent to be sharpened after being used once, and all other instruments are sent to be repaired whenever it is necessary.

Rubber gloves are tested with water for punctures, and if perfect are washed, boiled for three minutes, dried quickly with towels, and powdered on both sides. Punctured gloves make very good examining gloves, cots being used to replace the punctured fingers, which should be cut off. Rubber gloves are very expensive, and in some cases white cotton gloves which have been sterilized may be used by the nurse as a substitute.

Requisition lists for all supplies and repairs are sent in by the operating-room nurse, and this adds one more to her many duties.

In all her work let the operating-room nurse remember that each duty, however small, is important, and that each successful operation is in a measure due to her faithfulness.

Lysol is not a favorite with all surgeons because of its soapy properties, but in some cases this is an advantage; for instance, when used for the disinfection of catheters, it precludes the necessity of any other lubricant. This fact is not always appreciated, but we will do well to bear it in mind, remembering at the same time that few lubricants are sterile.

Articles of clothing intended for disinfection in the steam sterilizer should not be folded. Boots, shoes, rubbers, kid gloves, buttons of horn, fur-trimmed garments, feather-trimmed garments, overcoats, articles made of skins, hats, caps, velvets, etc., are all injured, and many of them ruined, by subjection to disinfection in the steam sterilizer.

The power of carbolic acid as ordinarily used in solution is preventive rather than destructive, hence the term antiseptic. It is, however, destructive in the stronger solutions, as five per cent., and its destructive action may be increased by a slight increase in temperature. It is so little influenced by albumin that it is naturally widely used in place of more powerful disinfectants.

PRACTICAL POINTS ON PRIVATE NURSING

IN CHARGE OF

ISABEL McISAAC

TRAVELLING WITH A PATIENT

By MARY CLOUD BEAN

Chicago

Most of the rules for the general traveller at home and abroad apply as well to nurses as to other people. Add to any good epitome of these, selected from the current articles of the day in magazines or in works on travel, a few points on medicines and other exclusively nursing matters, supply your nurse with a little previous experience in travelling alone, and equip her with the common-sense essential to every nurse, and a trip across the continent of America, or over the ocean and through Europe with a patient, is rather a simple affair. Naturally, it is not to be regarded as the nurse's trip, her one opportunity of seeing the world. Though the nurse may and does, as a rule, obtain much knowledge and not a little pleasure out of a long journey, first of all must come the patient and the patient's comfort.

Travelling with a very ill person is never to be commended for ease, either for the patient or the nurse, and in America a great difficulty arises at the very beginning in boarding the cars—our sleeping-cars will not admit of the introduction of a stretcher except through the window. A patient too ill to be borne to his berth in the arms may be made fairly comfortable in the baggage-car, on a cot or stretcher, for short distances. Do not forget the hospital ambulance where this may be employed.

French and English cars lend themselves more readily than ours to the entrance of a stretcher, and, of course, it is comparatively simple to take a patient on board ship in such a manner. An obliging ship-carpenter has been known to construct the stretchers for landing a patient, and they will oblige one to any extent almost on board ship with articles from the ship's hospital, provided they have them. It is unwise to depend too largely on their being found there. Both steward and stewardess are very much at the service of the patient and nurse and are usually skilful in helping, for they are more or less trained by the many

miserable travellers who become unfit for the deck. They expect a pretty good fee.

As to railway trains, there is much yet to be thought out for the comfort of ill people, unless one can afford an American drawing-room car or take a state-room. In this, with a well-stocked buffet car, unless the milk supply gives out, there is little else to be desired. The ordinary day coaches in Europe, first or second class, also third in England, permit of considerable comfort, and by taking a whole compartment one is quite private. A good bed may be arranged on the long seats by utilizing a rug or two and pillows, which should always be at hand, in a strap. You will need rugs in Europe for warmth, for even in summer it is often cold on the cars, and winter travelling imperatively demands them. Hot-water bags, filled just before starting out, are useful, and if more hot water is unobtainable en route, your alcohol lamp and cup will make it simple to reheat the water and refill the bag. Take along your medicines and nursing appliances in a bag set aside for the purpose, if you need many, and do not skimp them. It may be your fate to find you have left behind the very thing you need if you economize too closely in space. It is absolutely essential, also, to have with one everything necessary for the night in the way of clothing packed in a small hand-bag in case of tardiness on the part of trunks. Porters are usually on hand to carry bags for small fees. If very necessary toilet arrangements are sometimes lacking on European trains, they may be found at the stations, where there are sometimes ten-minute stops and frequent changes of cars.

In starting on a journey allow plenty of time for buying ticket and looking after baggage, especially in Europe, and remember that the Continental mind, at least, does not know the meaning of American speed. The Swiss official who cannot weigh and label his steamer trunks in three minutes may be incomprehensible to the New York man who misses his train thereby, but he exists nevertheless. There being but little free baggage allowed in Europe, this weighing must always be done. The same rule for nursing articles applies as well to clothing in travelling,—take all you need, for while too much baggage means burdensome packing, too little entails deprivation and possible shabbiness.

When going to Europe it is advisable to have prescriptions translated into the language and pharmacopœia of the countries in which you expect to travel, else it may be impossible to get them filled—and without a prescription a nurse must present her badge or diploma in order to obtain even simple nux vomica from a chemist abroad. Purchase nursing supplies, as far as possible, at home, especially rubber articles, which are very expensive across the waters. Clinical thermometers are

scaled, of course, according to the usage of the country, and one would better take along a familiar Fahrenheit.

Make your journeys by easy stages, especially in Europe, where the hotels, even in small towns, are comfortable, and an over-night stop is easily arranged. Take top-floor rooms when possible; they are quieter and cheaper, and as there is usually a lift one need not consider stops. Good food, well cooked, is far more common in Europe than America. Restaurant bills of fare, of course, simplify the selection of an invalid's meals, but if table-d'hôte is preferred for reasons of economy, a dish may often be exchanged from the restaurant menu. It is rather a good idea to inspect the bills of fare before mealtime and arrange for what is wanted.

On foreign restaurant cars good food and milk in small quantities are usually obtainable. Diligences stop for meals at good hotels as a rule. If milk is essential for an ocean voyage, it may be taken in any quantity and placed aboard in cold storage; but see that it is really in cold storage, or you may find it turning sour. Milk practically sterilized will keep anywhere, and inquiry at a good drug store will enlighten one as to how it may be obtained. A moist towel wrapped about a bottle of milk or water will insure the coolness of the one and the sweetness of the other for some hours. People who are puzzled about the system of fees in Europe may settle the question of amount by putting aside one-tenth of the hotel bill for fees, to be distributed in ratio of services to the various employees of the hotel; and the trouble of distribution disappears when to the management of the hotel is entrusted the bestowal thereof on its employees. But it is really worth one's personal attention, after all, to receive the gracious thanks of faithful servitors. Give a fee, however small, to everyone who does you the slightest service. Servants in Europe really serve, and as they receive the meagrest of compensation from their employers, it is their due to be well paid by the travellers, and hotel bills being so much less for corresponding comfort in Europe than in America, this feeing is no very heavy drain upon one's purse. Remember that not two or three individuals, but anywhere from ten to twenty-five servants look for fees each week from the visitors at a Continental hotel.

Learn the language of the country in which you expect to travel, if possible, especially if this country be France, for the French approve of their own tongue, and it is current in nearly every country. However, this point is not vital, for the average European possesses a good notion of pantomime, and a person of intelligence soon picks up the words necessary to ask for things anywhere.

Do not make the mistake of trying to see too much in travelling,

especially of exhibitions and picture-galleries; they are fatiguing even to strong people, and for invalids practically impossible. Get at the people of the country and their life if you can, read your Baedecker, see a few typical buildings, and enjoy the scenery, and you will have received all there is for you out of a trip with a patient through Europe.

ANTISEPTIC SOLUTIONS AND DUSTING POWDERS

By JESSIE BREEZE
Chicago

The following statistics have been compiled from information obtained from eight of the best hospitals in the large cities of the United States, the methods of making solutions in all these hospitals varying little in essence, if a trifle in detail. All are made with sterile water; whether from a modern steam sterilizer, or boiled an hour in a closed vessel on an ordinary stove, makes little difference in the results obtained.

Only one hospital reported using *green soap* as an antiseptic, but it is certain every one of them use it daily—either in the form of paste or tincture—to cleanse and begin the sterilization of hands and the field of operation.

Bichloride of mercury is used in all the hospitals in strengths varying from 1 to 500 to 1 to 10,000. In some it is made from tablets which contain, besides the mercury salt, ammonium chloride, which helps to make a more stable solution. In other hospitals the corrosive sublimate solution has a double quantity of common salt added for the same purpose.

Carbolic acid from one per cent. to five per cent. is used in all but one hospital, and is made by adding sterile water to the crystals, or ninety-five per cent., and mixing thoroughly. Alcohol or glycerine may be added, but are of no particular advantage. If ninety-five per cent. is used, cold water can be shaken with it; but if the melted crystals, boiling water only can make a thoroughly safe mixture. All but one hospital reports the use of *boric acid* in saturated or half-saturated solutions, easily made by putting the required amount of crystals on a sterile linen or cotton filter and pouring boiling water slowly through.

Permanganate of potassium, saturated solution, or the color of port wine, with *oxalic acid* solution for bleaching, comes next, only two reports failing to mention it. One hospital sterilizes it after it is made, the others make it as needed, a very good way being to put

a few crystals in a sterile gauze sponge and suspend carefully in the sterile water until the desired strength is obtained. The oxalic-acid solution is used to bleach the hands only.

Formaldehyde, or formaline, one-fifth per cent. to one per cent., is used in five hospitals. The liquid, although only forty per cent. in strength, is used as if full strength, thus: to make a quart of the one per cent. solution, two and a half drams liquid formaldehyde would be needed to a quart of sterile water.

Lysol, one per cent., is used in four hospitals. Lysol is a comparatively new antiseptic of coal-tar origin, said to be far superior to carbolic acid, a one per cent. solution being equal in antiseptic qualities to a two and one-half per cent. carbolic-acid solution, and not irritating. Two hospitals report the use of *creolin,* another coal-tar product, which goes by four or five other names. A milky solution and as strong as two per cent. are the strengths used. This is much cheaper than lysol.

Thiersch's solution, consisting of one hundred and fifty grains of *salicylic acid,* dissolved in one quart boric-acid saturated solution, is best made by dissolving the salicylic acid in a little alcohol and adding this to the hot boric solution.

Crenasol, a non-poisonous substitute for carbolic acid which is new within a few years. It is used pure for sterilizing the hands and the field of operation (like ninety-five per cent. alcohol) and in solutions of one-half per cent. to two per cent. for other purposes. The Jeyes Sanitary Compounds Company, of Montreal, are the manufacturers.

Iodine solution the color of sherry wine is sometimes used.

Protargol, an albuminate of silver manufactured in Germany, is used in some hospitals as an astringent and bactericide in solutions of one-half per cent. to two per cent. It is best made by putting the powder on the top of the sterile water and allowing it to slowly fall through of itself.

Acetate of aluminum, saturated solution, is used occasionally in some hospitals for moist dressings.

Normal-salt solution was mentioned in five reports, but it is certain that the other hospitals use it. It may not be considered an antiseptic solution by all, but it is too freely used in operating-rooms these days not to mention it in this list. Many hospitals keep a concentrated or "stock" solution from which the normal solution is quickly made by adding the required amount of sterile water at any temperature desired. Two formulæ for "stock" solution are as follows:

(*a*) Put a quantity of table salt in a clean vessel and add enough water to nearly dissolve it; cover and boil twenty minutes or half an hour. Keep in a sterile bottle or dish closely covered. Five drams

of this solution added to a quart of sterile water makes the required strength of six-tenths of one per cent. (*b*) Put three ounces by weight of table salt in one pint of water; boil one-half hour in a closed vessel, and when cold make up the loss of water by evaporation to one pint again. Keep in a sterile vessel and use one ounce of this solution to the quart of sterile water for normal-salt solution. Ordinary table salt contains, besides sodium chloride, a little calcium chloride and sodium phosphate in variable quantities. This is an advantage in the normal-salt solution, these salts being found normally in the blood.

Alcohol is reported by six hospitals, but, like green soap, all use it.

Sulphuric ether is, in these days, considered necessary to take the oil from the skin in sterilizing the field of operation.

On the whole, it is not so much the new materials as the new methods that trouble those of us who have been out of hospital work for some time.

Dusting powders are used much less to-day than ten or more years ago, and the tendency is to use less of them.

Iodoform still holds first place in spite of its disagreeable qualities, being used in each of the hospitals heard from, although sparingly used in comparison with former years.

Boric acid impalpable powder comes next.

Aristol, made from iodine and odorless, is commonly used. This is a proprietary substance manufactured in Germany.

Bismuth subnitrate is quite extensively used.

Bismuth subgallate, or *dermatol,* only moderately.

Salicylic acid is used occasionally and is not uncommon *combined with boric acid* in the proportion of one part salicylic acid to four or five of boric-acid powder.

Protargol is occasionally used as a dusting powder; also *acetanilid, carbonate of magnesium, lycopodium,* and *oxide of zinc.*

Nosophen, a powder with the strength of sixty per cent. iodine, is manufactured in Germany and used in this country occasionally.

Antinosine is also made from iodine in Germany, but is used here very little; in fact, none of the reports mentioned it.

Orthoform, an inodorous substitute for iodoform, manufactured in Germany, is seldom used here.

Chinosol, twenty parts combined with boric-acid powder one part, is used sometimes. Chinosol is manufactured in England.

Some hospitals put the powders in test-tubes and sterilize in the steam sterilizer; others do not sterilize them at all. A simple although probably not very effectual way is to put the bottles containing the

powders in a hot-water bath and boil one hour. Iodoform is difficult or impossible to sterilize by heat, too great heat decomposing it, setting the iodine free.

AN OPEN LETTER WITH ANSWER

DEAR MISS MCISAAC:

I want to thank all you good women for giving us such a fine magazine as THE AMERICAN JOURNAL OF NURSING. I am a subscriber, and am always trying to get others to join, as I think it is what we, as nurses, have long wanted. I would like to ask you some questions, and would so much like you to answer through the JOURNAL. I am a private nurse, graduate of the ——— Hospital in ———, and have been nursing for nine years. In all my reading I see so little in regard to the private nurse. All seems to be said for and of the nurse who works in hospitals or institutions of all kinds. No nurse, I think, shows her training and education more than the private nurse, for she really stands alone. All we ever see in print are such things as "The Private Nurse's Outfit," and "Prices of the Private Nurses." We all know that, but we crave more, and really deserve more recognition. I have always tried to keep in touch with all practical points in private nursing, but see so little in print. I have been trying for the last year to form an alumnæ association at our school, but have almost given up all hope of so doing, as the nurses seem so slow to grasp the advantages of such a step. I sincerely wish that you good women succeed in making it compulsory for all to join such associations. A private nurse, it seems to me, is so isolated in her work, that I think the people should be educated how to appreciate her, and also that all directories should be in her hands. We are an intelligent set of women, and should be able to govern ourselves. I am very anxious to attend the meetings that are to be held in Buffalo this September. How am I to do it if our school has not formed an alumnæ, so that I could be admitted as such? But as I am only a private nurse, will I be allowed to enjoy some benefit if I attend, or, in other words, would I be granted admission? The private nurses are just as anxious for organization as hospital nurses, and yet but little place or attention is given us. Why is it? Now, I would be so glad if you could answer us through the columns of the JOURNAL, and tell all private nurses why we are not given more recognition in the affairs of nursing. True, our time is more taken up. I would like to hear how others feel on the subject.

Very cordially yours,

A PRIVATE NURSE.

PRIVATE NURSES:

It should not be forgotten that new nursing methods originate largely in hospitals, where there is a congregation of patients, doctors, and nurses. This is quite natural, as the place and its conditions afford opportunity for observation and experiments which are out of the question in private duty. Again, quite naturally, these are written about by hospital doctors and nurses, which may account for some of that prominence of which you speak.

On the other hand, it would seem that every nurse engaged for any length of time in private duty must have much knowledge which if spread abroad would be of great value to others less experienced. From the stand-point of time the private nurse often has far more time than the nurse in a hospital, although it is irregular, but the *private nurse rarely offers to write,* and very often positively declines to add her quota to the general fund of information. I do not speak from hearsay, but from many rebuffs.

Take the department of the JOURNAL for which I have been trying to do something. It surely ought to be in the hands of a private-duty nurse; but of the thirty thousand trained nurses said to be in the United States I wish I could say that one private-duty nurse had volunteered a single word of information for the department. A large number have responded most cordially to my requests, for which I am profoundly grateful, but there is still a great army which might do so much, yet does not. If they would only signify their willingness to work, "recognition" would come so fast they would not know what to do with it, because, you know, "recognition" always means that *you must do more work.* I think all nurses agree with your idea about the alumnæ societies being the solution of the problem, for in them lies our professional salvation. You say that the private nurse is as anxious for organization as the hospital nurse," which I do not quite understand, or else you do not quite grasp the alumnæ association idea. The local and associated alumnæ societies are composed of fully nine-tenths private nurses, but from experience and hearsay I know that it is often impossible to persuade the private nurse to serve in a working capacity in the local societies, the plea always being lack of time. In many instances members in hospital positions are obliged to fill these places or the society disbands. I do think that the superintendents have much to answer for in regard to alumnæ organizations, as far too many of them are indifferent to the welfare of the societies and take no pains to instruct their senior pupils in the value the alumnæ association will be to them when they are no longer in the school. I disapprove very strongly of the superintendent being president of the alumnæ associa-

tion, but I think it is one of her duties to organize it and get the senior nurses ready for it, and to help, encourage, and advise in every possible way. If any nurse needs reasons for belonging to such an organization, let her read carefully Miss Dock's fine paper upon "What Will the Associated Alumnæ do for Me?" in the November JOURNAL. The very fact that the private nurse is so isolated makes it more important that she should take an active interest in all these public movements. There is not a woman in the nursing profession in America to-day of any recognized ability who has not labored long and hard, not for "recognition," but because she recognized a field crying out for laborers.

In regard to the directories being in the hands of the private-duty nurses, I agree with you perfectly. This plan is being adopted in many cities; not always successfully, but it will no doubt gradually become established generally. The difficulty has been and will be the same as I spoke of in the alumnæ associations, namely, in getting private nurses to assume the financial as well as the professional responsibility of this management, because a directory cannot be managed on good-will alone; it needs money and good business capacity to make it successful. A directory which is a part of its school can be run much more economically than when independent, the latter having many expenses, such as rent, telephone, board, etc., which are purely nominal when connected with a school.

The International Congress of Nurses at Buffalo will be open to all nurses, whether they be members of an organization or not, only the executive sessions will be for accredited delegates alone. A small admission fee will be charged all American nurses to help defray the many expenses.

The simple sum and substance of what I have tried to say is just, *work,* and I do assure you, my dear Private Nurse, that if you will only show your willingness to carry some of the load, the other toilers will joyfully embrace you and all your kind with glad and grateful hearts. I, for instance, am anxious to put myself under obligation to you for suggestions and information in practical points on private nursing in THE AMERICAN JOURNAL OF NURSING, and I truly hope to hear from you individually and collectively.

Very cordially yours,

ISABEL MCISAAC.

EDUCATIONAL

IN CHARGE OF

ISABEL HAMPTON ROBB

ETHICS IN NURSING *

By ISABEL McISAAC

Superintendent Illinois Training-School for Nurses

Unfortunately, too many people regard nursing as a mere occupation, not a profession, and such persons fail to recognize its ethical side, which should stand for the highest morals in human life. Nurses, like many other women, are prone to confuse points of etiquette with ethics, forgetting that these points, like good breeding, should be the "outward expression of the inward grace;" and still further we are apt to regard the religious orders of nursing as behind the times, instead of giving them credit for all that is best in modern trained nursing. Granting that they are sometimes lacking in technical skill, other qualities, such as order, system, and devotion to duty, are present in a much larger degree with them than with us, and have been for many centuries. Their huge hospitals and charitable institutions were notably well managed ages before trained nursing was thought of, and in no country was there ever the neglect, abuse, and overcrowding of the sick which obtained in England during the last and present century before Florence Nightingale went to Germany to learn from the Protestant sisters of Kaiserwerth how to remedy the evil.

For many years our courses of instruction were devoted almost wholly to technical lines, but gradually we have learned to recognize the necessity of something higher and better, until now all good schools of nursing begin the teaching of right conduct with the first day of duty, and end it with the course, when the alumnæ societies must take it up.

A certain class of people profess to decry our extended theoretical teaching, but that extension would never have begun had there been no demand for it from the medical profession and the public. To a great extent this higher educational development brings a better spirit and better work, but through it all there should be for every step enlightenment on its ethical side. Quite as important as teaching the young

* From *St Luke's Alumnæ Association Journal*, Chicago.

nurse to give her first bath is guidance in the dignity of her demeanor,—the self-respect which shall compel the respect of her patient, no matter how low down in the scale of humanity he may be, or how menial may be her service to him, and also that she is taught to realize that dignity, honesty, and purity of manner and speech are as essential with women as men patients; that no poverty, degradation, or previous condition of servitude of the patient excuses lack of respect or flippancy of manner in the nurse; that in carrying out orders for a patient in any grave condition there must never be lost sight of the family, to whom the crisis means so much; that every woman of decent instincts regards with quite as much respect and awe the beginning of life as its end, and no circumstance can excuse that beginning being made a subject for jesting or gossip; that while loyalty to a doctor includes courtesy and kindliness, it does not include familiarity or personal attentions to secure his friendship and indulgence, or her assistance to him in unprofessional methods or work. To many a young nurse unused to the ways of the world this lesson is difficult to understand and is often learned only by unhappy experience. And so on through the whole category of a nurse's manifold duties we have ever the ethical side, which may not be disregarded. These things must be a part of the woof and warp of her daily life, not something to be only practised after leaving her school, like small children who are only taught company manners.

If our schools were more careful in the selection of candidates and in creating a better atmosphere for these pupils a large proportion of the justifiable criticism now heard of the lack of ethics among us would be done away with. That this forethought and right spirit are lacking in a majority of schools for nurses cannot be denied, consequently good nurses and good women must suffer. There are said to be thirty thousand nurses in the United States. Let us each ask ourselves how many are known to us personally whom we would wish had chosen some other profession.

First of all in the bottom of our well lies truthfulness of manner, of speech, of life, of work, and which is not afraid. Next, professional pride; not the pride of mere commercial success, but the honest pride of work well done, and satisfaction in the faith of doctors, patients, and families where we have been admitted into the innermost part of their lives. No other class of people, not even the clergy or medical profession, has better opportunity to know life as it really is, stripped of all pretence and make believe, as we have. Such experiences should broaden our judgment and charity, and not make us flippant and pessimistic or careless of the sanctity of confidences reposed in us. We

need patriotism; but how sadly has it been brought home to us during the last two years that love of adventure and lawlessness have frequently masqueraded as patriotism, bringing an odium upon us which it will take a mighty struggle to eradicate. Then we need public spirit and courage, for no matter how careful in selection and training our schools may be, there will always be that class of women who do well enough under supervision, but have neither the mental nor moral stamina to stand alone. These must be made to feel the sting of public opinion. I feel, with many other older nurses, that our salvation lies in the alumnæ organizations. In the spirit they create and maintain is our strength to bring our own into line, and to cope with that vast and ever-increasing "grand army of incapables" constantly being poured out by institutions which have neither a moral nor an educational right to call themselves training-schools for nurses. It seems to me that one of our most important steps, which thus far we have only vaguely talked about, is to secure State registration. As long ago as the Nursing Congress at the World's Fair I spoke of this in a paper written at that time, but the time has never seemed quite ready for it, although I feel now that every day lost means a harder fight when the struggle begins. No one will do it for us, and we must, if we would save ourselves, face the inevitable and take it up before it is too late. In this we will have the help and support of the best of the medical profession and the public, and our aim should be to secure and deserve the coöperation of all good people, never forgetting the difference between right sentiment, which is the motor of honor, courage, and sympathy, and mere sentimentalism, which is so thin a veneer for selfishness, love of notoriety, and greed.

Be not like a stream that brawls
Loud with shallow waterfalls,
But in quiet self-control
Link together soul and soul.

—Henry Wadsworth Longfellow.

CHILDREN'S DEPARTMENT

IN CHARGE OF

LOUISE C. BRENT

THE FEEDING OF CHILDREN

By JOSEPH ROBY, A.B., M.D.
Rochester, New York

(Continued)

FOOD FOR CHILDREN FROM ONE TO FIVE YEARS OF AGE.

The most important period in a child's life with regard to its food is the first few months. It may take months if not years to make good the loss that faulty methods of feeding cause during this time. But every day older the child grows, providing it is doing well, is one step towards a safety-point. When the child gets to weigh eighteen to twenty pounds it has some resisting power to fall back upon in case of a serious intestinal disturbance. This is easily seen, for example, in some statistics from Berlin: five thousand two hundred and sixty-seven persons died from diarrhœa, or twenty-one per cent. of the whole mortality, and of these four thousand six hundred and ninety-two were under one year, or eighty-nine per cent. of all the cases of diarrhœa. So that from one to five years is a comparatively safe period in the child's existence so far as intestinal disorders are concerned.

In almost all cases the child either has been or should have been weaned when a year old. The surest indicators of a child's condition are its weight and the color of the lips. If the weight is stationary for some weeks, or if the child is losing weight, or if the lips are unnaturally pale in the absence of any disease, then maternal nursing should be supplemented by some other food. In order to make weaning easy, the child should be accustomed from the first weeks of its life to take water from a bottle. It is well to do this anyway, for the child can be thirsty without being hungry, and especially so in summer, when there is need of extra water to make up for the extra perspiration. It is also well during the summer to follow the teaching of Jacobi and offer water to infants frequently, and on the hottest days to add five or ten drops of whiskey and a little sugar. Provided then the child is nine months to one year old, or before that if the weight or lips indicate it, the infant should receive, in addition to the breast milk, cow's milk diluted in some of the many ways. There is not so much necessity of giving one of the more accurate modifications of milk

(that is the top milk, or cream, modifications) in this case, as the child is in all probability getting enough fat from the mother's milk.

The milk should be diluted then at the start with three or four times as much water, and enough sugar added to make it sweet. At this time the child should be fed five to six times a day at intervals of three to three and one-half hours. And the bottle should be given at the time nearest to the delivery of the milk that it can be prepared, in order to have it as fresh as possible. For example, the infant can be nursed at six A.M., bottle fed at nine A.M., nursed again at twelve noon, and at three, six, and nine P.M. The quantity given at one time should be about eight ounces—that is, six ounces of water and two ounces of milk. If all goes well, then the intervals between the feedings should be made three and one-half hours—five feedings given and another bottle added. For example, nursed at six A.M.; bottle at nine-thirty A.M.; nursed at one P.M.; bottle at four-thirty P.M., and nursed again at eight P.M. In this way more bottles may be gradually added, and the strength of the milk may be gradually increased.

Instead of using cane- or milk-sugar to sweeten the milk, it may be diluted with oatmeal-, barley-, or rice-water, or one of the proprietary foods may be added.

The oatmeal-, barley-, or rice-water should be made by adding to a quart of water a tablespoonful of the grain or flour, boiling for four to six hours, keeping the total quantity at one pint and straining the mixture through cloth. The partially prepared foods, such as Robinson's patent barley, do not need to be boiled so long. The proprietary foods all have more or less the same composition and should be used in about the same amounts,—that is, one or two teaspoonfuls to a bottle. These foods are malted milk, Mellin's food, Eskay's food, Nestle's food, Just's food, cereal milk, imperial granum, etc. No mention has been made of sterilization or Pasteurization. This should be left to the physician in charge. There is much to be said for and against Pasteurizing the milk, and if the physician gives no directions and one can be moderately sure of the freshness of the milk, probably it would be better to give it raw or not heated except at the time of feeding, when it should be given to young children at the body temperature, or 98° F.

Supposing the baby has been entirely weaned, is one year old, and is on the same footing with the baby artificially fed. They should both have five meals a day, the hours for feeding depending upon how well the baby can be taught to sleep through the night and upon the convenience of the mother or nurse for giving the early morning feeding. If the baby will sleep from seven P.M. to seven A.M. it is best to have it do so and arrange the meals at three-hour intervals with the heaviest

meal at noon, somewhat as follows: seven A.M., ten to twelve ounces of milk or milk and gruel; nine A.M., orange-juice or the juice from stewed prunes; ten A.M., milk or milk and gruel; one P.M., part of a soft-boiled egg or tablespoonful of beef-juice, six ounces of milk; four P.M., ten to twelve ounces of milk or milk and gruel; seven P.M., ten to twelve ounces of milk, plain or with gruel. It may be that even by persistent efforts the baby cannot be made to sleep through from seven P.M. to seven A.M. Then the intervals might be made three and one-half hours, at six and nine-thirty A.M., one, four-thirty, and eight P.M. This should be the arrangement throughout the second year—five meals at intervals of three to three and one-half hours, with milk the main article of diet. Gradually during this time other articles may be added to the diet list in the order named.

1. A well-cooked gruel of oatmeal, cornmeal, hominy, rice, wheat-ena, etc., with cream and a little sugar.
2. Broths, with crackers, stale bread, or zwieback.
3. Soft-boiled or poached eggs.
4. Scraped beef or a finely chopped Hamburg steak.
5. Junket and plain jellies.
6. Baked potatoes and butter.

At twenty months, for example, menu might be:

Seven A.M., cracker and warm milk.

Nine-thirty to ten A.M., orange-juice or ripe peach (without skin), oatmeal with cream and sugar.

One P.M., scraped beef or Hamburg steak, baked potatoes, glass of milk.

Four P.M., crackers and milk.

Seven P.M., junket, bread and butter, milk.

The diet should be varied from day to day. If the child looks pale, more beef-juice or rare meat should be given; if constipated, more cream, fruit, oatmeal, or water.

From the third to the fifth year the meals should be cut to four a day, and vegetables, chicken, and fish may be added to the list. Vegetables should be thoroughly cooked.

Breakfast.—Fruit, cereal with cream and sugar, egg, bread and butter, glass of milk.

Morning Lunch.—Glass of milk and cracker.

Dinner.—Soup or broth, lamb chop, roast beef or mutton, always finely divided; baked potatoes, stewed celery, bread and butter, junket, jelly, ice-cream, or rice pudding.

Supper.—Milk toast, glass of milk.

(To be continued.)

PROGRESSIVE MOVEMENTS

IN CHARGE OF

LUCY L. DROWN

NURSES AS SANITARY INSPECTORS

By JOHANNA VON WAGNER

[Two most interesting and instructive talks were recently given at the Visiting Nurses' Settlement, Orange Valley, by Mrs. Johanna von Wagner, sanitary inspector of Yonkers, New York. The one given in the afternoon was a practical instruction to the visiting nurses on the subject of bad sanitation in dwelling-houses—how it could be discovered and how remedied. Simple, practical remedies within the reach of any intelligent woman were brought to the notice of the nurses. They were also told what unsanitary conditions might be suspected by the appearance of certain diseases. If radical changes seemed desirable, they were urged to use tact in properly reporting cases to the Board of Health, or, what is sometimes far more desirable, to personally call the attention of landlords to defects, together with intelligent suggestions of remedies.

Mrs. von Wagner kindly gave one of the residents a practical explanation of her work by accompanying her the next morning on her daily round of visits. One plumber immediately and without solicitation supplied a ventilating shaft which had been overlooked in some recent work, simply because he heard through the landlord that this oversight had been discovered by an official inspector.

This instruction to the nurses was followed in the evening by a talk to some prominent members of the Charity Organization Society—men and women who are keenly alive to public welfare.

Three points were forcibly made: first, that bad sanitation could be remedied often by simple methods which tenants can be taught, also that Boards of Health are ready to listen to criticisms from intelligent sources, and that landlords will often welcome practical, reasonable suggestions for the better housing of their tenants, provided they come from those of recognized authority.

The second point made was the importance of special, thorough training on the part of the nurse for this work. Mrs. von Wagner then dwelt on the third point, viz.: the fitness of women for this work of sanitary inspection of the houses of the working classes, and the especial fitness of trained nurses. She herself is the pioneer in a new field of labor for the professional nurse. She recognizes most fully the inestimable benefit of her training and experience in hospital, private, and visiting nursing as a foundation for the work she is now doing.

Already her earnest words have made a deep impression in one town, and it is more than possible that the office of woman sanitary inspector may be created in many towns and cities as a result of her example in Yonkers.

This is but another proof that year by year the professional field of usefulness for the nurse is broadening. New positions are being created for her because of her fitness by reason of her training. New opportunities for special training to fit her for these positions are offered as well.

Those outside the profession are watching eagerly and critically to see if she is alive to the signs of the times, and will be ready to fill the posts of responsibility as they lay open before her.—Ed.]

The great problem at the present time seems to be not how best to alleviate suffering, but how to prevent it. To send out nurses to care for the sick poor is certainly necessary as long as we have the sick, but the teaching that goes with the care, how to prevent that sickness another time, and how to care best for the body to keep it well, seems of far more importance. Unless we can do preventive work, it would be covering up an evil and never eradicating it. So let us who have an opportunity of doing instructive work in the homes of people fit ourselves as teachers and take the gospels of cleanliness, fresh air, pure food and water, hygiene, bodily and domestic, to those who never had a chance of getting that precious knowledge, and help them to apply it practically.

There is no larger field for such work than the systematic tenement-house inspection under the Board of Health in our own cities, going from home to home and coming in contact with all the inhabitants. There is hardly a family one leaves without having given advice or help in some way, or, as one woman remarked the other day, "You did put them on the right road to get over their difficulties." It means giving the people the benefit of our experience and sympathy, that which alone can do lasting good, and which so often will convert evil activities into good.

It is surprising that the need of such work was not recognized long ago. So far as I know, Yonkers is the only city in the United States that has a woman sanitary inspector for tenement-houses. Chicago has six women inspectors, but they seem to confine their work to factories and sweat-shops.

The plea for women as sanitary inspectors cannot be made too strongly nor the benefits overestimated. Women by nature are better teachers than men, and, besides, we are dealing with women in our work, and many times the door is opened to us because we are women and will understand the situation where our men inspectors have great trouble in being admitted, and in some houses, where the conditions are very bad, they sometimes refuse to go.

So the objection made by so many men that a woman is not fitted to visit such places seems unfounded, because it is the woman that

goes everywhere without fear, and I would say, Why does a city allow such places to exist where it would not be safe for a woman to enter?

Our fellow-men live there and will do so until a reform it brought about, and as a large amount of reform work is inaugurated by women, this field is legitimately woman's sphere.

NURSING THE HAIR

A TIRED trained nurse had reached the age at which it was no longer possible for her to give to her work the enthusiasm she considered necessary. Her years of labor had brought their reward, and she was able to pause long enough to decide what her work in the future should be.

It was plain that her own profession was too exacting. It was also plain that her new vocation should be in the line of her old employment, as it was too late in life for her to begin anything new. She consulted with her colleagues and with her friends among the physicians. None of them was able to suggest just the employment that suited her case.

The solution of the problem came finally, as most satisfactory things do, through her own inspiration. Then she went to a physician who had become famous in the specialty she proposed to follow and made this proposition to him:

"You're a specialist in the treatment of the hair and have succeeded in acquiring a reputation that brings patients to you from all over the country," she said. "Now, I want to become a nurse for the hair, just as you are a physician for it.

"I know that you always recommend certain exercises to your patients which are to be done by their maids or by some professional masseuse. Now, many of your patients have no maids and would rather be treated by a trained nurse who knows something of hygiene than by a masseuse. I want to be that sort of nurse. Is there any opportunity for a woman to succeed in work of that kind?"

The hair specialist, who happened to be bald himself, met her suggestion with greater enthusiasm than she had hoped for. He was certain that sufficient employment could be found for her.

So the woman gave up the work of regular nursing and set out to devote herself exclusively to the hair. Her first patients came from the physician. The number increased rapidly and she soon had plenty to do. She was able to give more satisfaction to the patients than they had ever before enjoyed because she had all the skill that came from

experience in nursing. They all felt that treatment aided by her ministrations was more effective, and there was scarcely a patient of this hair specialist who did not want her. Other doctors who treat the hair heard of her, and she was called in by their patients as well.

"I've as much as I can do," she said the other day, "and I earn almost as much as I did formerly with none of the trouble of night work and the long confining hours of the sick-room. I am not alarmed about the work in the future, because I believe that the treatment of the hair is a thing that will continue and, moreover, increase from year to year.

"My visits at a house rarely last longer than a half or three-quarters of an hour. I have the exercise of going from place to place, and, of course, no woman wants her hair treated at night. So I have fortunately found my new occupation profitable, although I could never have attempted it without the interest of the doctor who first started me in the work."

COCAIN DRUNKENNESS

An order has been issued to the police of New Orleans by Chief of Police Caster to arrest all persons dealing illegally in cocain or suffering from cocain drunkenness. The order said: "The constant use of cocain has assumed large and serious proportions, and is daily increasing to such an extent as to be a menace to public health. You are directed to notify the force under your command to use extreme diligence in enforcing the city ordinance against the use of cocain and to make arrests. This menace is general throughout the city. This order must be strictly adhered to, and you will make written reports to this office of each offender arrested and from whom the drug was purchased, whether from a druggist or pedler."

FIRST WOMAN PHARMACIST IN RUSSIA

Madame Lesnievskaja, who has received the degree of Master of Pharmacy, has also secured the necessary authorization from the government to open a pharmacy in Moscow. She is the first woman in Russia to be accorded this privilege. In connection with her establishment there will be a chemical laboratory and a school for women pharmacists.

PROPHYLACTICS

IN CHARGE OF

MARY M. RIDDLE

PRACTICAL HOME MODIFICATION OF COW'S MILK

By MARY STEELE EWING

Apothecary at the Boston City Hospital, South Department

During the last decade a great deal has been written regarding modified milk as a substitute feeding for infants.

In many of the larger cities laboratories have been established where milk is modified on a large scale, and in consequence great strides have been taken towards reducing the death-rate of nursing infants.

Later the question arose, "What can be done for the less fortunate infants, who, owing to the expense or to excessive distances, are unable to profit by the city laboratory?"

Soon numerous articles were published in both medical and nursing journals detailing methods for producing at home as nearly as possible as chemically correct a product as could be obtained from the laboratory.

Many of their articles have been extremely scientific, those written by physicians dealing largely with what combinations agree with infants of specified ages; those by chemists, of analytical and synthetical results obtained under certain conditions; but there is still a demand for a clear and concise working process, such that anyone who is not a chemist, but a person of good average intelligence with a minimum of time to expend, could pursue and obtain satisfactory results.

The following is a process which many nurses have adopted to their satisfaction.

We should first be sure of the absence of tuberculosis in the herd from which the milk is obtained. We should use the milk of the "mixed herd." By the term "mixed herd" we refer to the fact of the individual cows having calved at different periods, thus making the milk of no particular age from time of calving.

All authorities agree in preferring milk of the domestic herds, as Durham, Holstein, Ayrshire, to the fancier stock, as Jersey or Guernsey, since they are hardier, have greater constitutional vigor, are

not so nervous, and consequently there is less liability to sudden fluctuation in the percentage of fat and proteids.

We designate our milk as

Whole Milk.—Milk before any cream has been removed.

Top Milk.—The top one-fourth of the whole milk after the fat has been allowed to separate.

Milk.—The bottom three-fourths of the milk set, which contains practically no fat.

The milk, as soon as possible after leaving the cow, should be strained and a sufficient amount collected in a wide-mouthed glass bottle or a clean tin can, so that the top one-fourth will at least equal the amount of "top milk" called for in the recipe. A quart will usually be the right amount to collect, and a quart Mason jar is a convenient receptacle.

The jar should be set in ice-water, a clean cloth thrown over it, and left for about fifteen minutes to dispose of the animal heat. The jar should then be sealed and allowed to stand in ice-water for six hours, when it is ready for use. At the end of this time there will be discerned an easily perceptible line of demarcation between the milk and cream. The top one-fourth should then be decanted from the bottom three-fourths into a graduate. If the bottle be inclined slowly, all the fat can readily be poured off in the top eight ounces, leaving milk alone in the bottom twenty-four. This "top milk" should be well mixed.

In round numbers good cow's milk taken from a mixed herd will assay:

Fat	4.00	per cent.
Sugar	4.50	"
Proteids	4.00	"
Ash	about .65	"
Total solids	13.15	"
Water	86.85	"

Normal human milk will assay about:

Fat	4.00	per cent.
Sugar	7.00	"
Proteids	1.50	"
Ash	about .15	"
Total solids	12.65	"
Water	87.35	"

It will be seen that the percentage of fat present in cow's milk and human milk is the same; that the sugar in human milk is increased

by two and one-half per cent., and that the proteids are diminished two and one-half per cent.

Milk which has just left the udder is neutral, but on standing it soon becomes acid, so we add five per cent. lime-water in each instance to each recipe, unless more or less is called for by the physician.

Since it is easier to calculate with a multiple of ten, we will make up twenty ounces, as this is an amount often called for, and increase or diminish it fractionally according to the amount ordered in the prescription.

We must have on hand:

1. "Top milk," which is the top one-fourth of the milk set, and should assay ten per cent. fat.
2. Recently boiled water.
3. Lime-water.
4. "Milk," being the bottom three-fourths, after the top one-fourth has been decanted.
5. Milk-sugar.

It is evident that if we use cream containing ten per cent. fat, each ounce of cream in a twenty-ounce mixture will give to the entire mixture one-half per cent. fat, for one-twentieth of ten per cent. is one-half per cent.

In the same way we calculate the proteids; one-twentieth of four per cent., which would be two-tenths per cent. proteids, in one ounce of milk and cream, or it would take five ounces of milk and cream together to obtain one per cent. proteids.

In calculating the sugar we must allow for the four per cent. already in the milk and cream. For example, if we have normal cow's milk, which assays,—

Fat	4.00 per cent.
Sugar	4.50 "
Proteids	4.00 "

and wish to make a twenty-ounce mixture corresponding to normal human milk, which assays,—

Fat	4.00 per cent.
Sugar	7.00 "
Proteids	1.50 "

since there is one-half per cent. fat in each ounce of top milk, we will require,—

Top milk	8 ounces
Milk	None
Lime-water	11 "
Milk-sugar	500 grains

As the 1.5 per cent. proteids will be in the eight ounces of top milk used, this recipe will require no extra milk.

The sugar will be calculated in this way. We already have eight ounces top milk, which, as cow's milk assays 4.5 per cent. sugar, will contain one hundred and seventy-two grains; we want seven per cent., or six hundred and seventy-two grains, then we will add the difference, which will be five hundred grains.

The milk-sugar should be rubbed up with the milk, as it is more soluble in milk than in water.

Another example to make

Fat	3.00 per cent.
Sugar	6.00 "
Proteids	2.00 "

On the twenty-ounce basis—eight feedings of four ounces—this will require,—

Top milk	6 ounces
Milk	4 "
Lime-water	1 "
Water	9 "
Milk-sugar	447 grains

For thirty-two ounces we will use thirty-two twentieths, or eight-fifths, of this amount, which will be,—

Top milk	$9\frac{3}{5}$ ounces
Milk	$6\frac{2}{5}$ "
Lime-water	$1\frac{3}{5}$ "
Water	$14\frac{2}{5}$ "
Total	32 "
Milk-sugar	715 grains

Sufficient milk for each feeding should be put in separate bottles, and the bottles stoppled with non-absorbent cotton.

The bottles should be placed in a water-bath, temperature 75° C. (167° F.), and allowed to remain during twenty-five minutes. At the expiration of this time they should be removed from the bath, drained, and set in the ice-chest. The milk is now ready for use.

The milk should not be raised to a much higher temperature than 75° C., as the lime will be precipitated. It has been claimed that the temperature should not be carried as high as 75°, as lact-albumin coagulates at this temperature. This statement is correct, but the amount of lact-albumin present in this amount of milk is so small that the loss of it in assimilation is of minor consideration in com-

parison with the tremendous good which may be accomplished through the destruction of the great number of bacterial organisms which will not survive in this temperature.

The object of placing the bottles in the ice-chest immediately after sterilizing is to prevent any spores which may be present from germinating, as they would if the milk were kept at room temperature or were not quickly cooled.

The bottles are stoppled with non-absorbent cotton, first, to keep out the bacteria and dust, and, second, in order that the air may circulate freely through the milk.

If the bottle in which the milk has been sterilized is used as a feeding-bottle and the nipple placed directly over its neck, the chances of contamination through outside agencies will be lessened.

As to the formation of the prescription, that, of course, should be formulated by the physician and is from his stand-point; however, it may be said that the percentage of fat, sugar, proteids, and amount should be regulated rather by the weight of the child than by its age.

It is customary to start with a very low percentage of fats and proteids and increase these proportions every few days until a formula has been obtained which will correspond to the child's age and improved condition.

RATTLESNAKE POISON AS A CURE FOR LEPROSY

Dr. Adolpho Mercondes de Moura, of São Paulo, Brazil, contributes a paper on the application of rattlesnake poison to the cure of leprosy to the *German Medical Weekly Journal.* This poison has been used for a long period by the natives for the treatment of skin diseases and even leprosy. Many wonderful cures of lepers through rattlesnake bites having been reported to him, Dr. de Moura set himself to make investigations. He experimented with the poison on fifteen lepers, and he has come to the conclusion that the lepra tuberculosa, if not complicated with another disease, is curable by its means. Professor Lewin, of Berlin, discusses the subject in the same number of the *Weekly Journal.* While he contends that the rattlesnake poison is not a true antidote, nevertheless he admits that it may have a temporary effect on the disease, and considers the matter worthy of investigation.

HOSPITAL AND TRAINING-SCHOOL ITEMS

IN CHARGE OF

LINDA RICHARDS

It is announced that work is to be begun immediately on the new Mount Sinai Hospital, New York City, which is to cover the entire block between Fifth and Madison Avenues and One-Hundredth and One-Hundred-and-First Streets, and is to cost, including the site, one million six hundred thousand dollars. Of this amount all but two hundred and twenty-five thousand dollars has now been subscribed.

That announcement was made January 28, when the Mount Sinai Hospital Association held its annual meeting in the Hospital Training-School at 149 West Sixty-seventh Street. The annual report acknowledges donations to the new enterprise to the amount of four hundred and seventy thousand dollars. Of that sum seventy-five thousand dollars has been subscribed to the building fund within the last two weeks, and the other individual donations of fifty thousand dollars and twenty thousand dollars respectively are now made public for the first time.

From the family of the late Meyer Lehman, a former member of the association, is received seventy-five thousand dollars, together with a pledge to add as much more as may be necessary for the erection of the new dispensary building, which is to be built as a memorial in his name.

Adolph Lewisohn, a member of the Board of Directors, gives fifty thousand dollars, and promises to subscribe whatever additional sum may be required to erect a handsome pathological building. He also offers to equip this department throughout and to defray the expenses of its maintenance.

Benjamin Stern contributes twenty thousand dollars to fit up and properly equip the main operating-room as a perpetual memorial to his brother, the late Bernard Stern.

Henry L. Einstein has dedicated the children's pavilion, containing fifty-four beds, for surgical and medical cases, to the memory of his son, Lewis Einstein, for which he has donated the sum of one hundred and twenty-five thousand dollars, the cost of its erection.

The private hospital, a handsome structure, modelled after the Milbank Building of Columbia University, and which will occupy the Fifth Avenue side of the block, will be dedicated in perpetuity to the memory of Barbara Guggenheimer, for which purpose the sum of two hundred

thousand dollars was subscribed by her husband, Meyer Guggenheimer, and her sons, Isaac, Daniel, Murray, Solomon, Benjamin, Simon, and William.

There will be in all nine buildings, all of which have been designed by Arnold W. Bruner, with William Schickel as consulting architect. Their general style of architecture will be Romanesque, and the material used will be brick, with stone trimmings. The executive building and wings will occupy the One-Hundredth Street side. On the One-Hundred-and-First Street front will be the building for surgical and medical cases, which will have accommodations for about three hundred and sixty patients.

The dispensary building and training-school will be on the Madison Avenue corner, while the private hospital, perhaps the most ornate structure of all, will have the frontage in Fifth Avenue. Accommodations for the children's pavilion, the kitchens, and the isolation and pathological buildings will be found on the One-Hundred-and-First Street side.

After the regular meeting on January 28 the annual election was held and the present officers were reëlected. These are: Isaac Wallach, president; Isaac Stern, vice-president; E. Asiel, treasurer, and Louis M. Josephthal, secretary. Isaac Blumenthal, Louis Stix, Isaac N. Heidelberg, Adolph Herrmann, and David Will were elected directors to serve four years.

According to the annual report the receipts for the year amounted to one hundred and thirty-six thousand five hundred and thirty-six dollars and sixty-four cents, and the expenditures one hundred and thirty-five thousand two hundred and seventy-two dollars and thirty-one cents, leaving a balance of one thousand two hundred and sixty-four dollars and thirty-three cents. The number of patients in the hospital during the year was three thousand three hundred and fifty-two, of whom one thousand nine hundred and sixty-three were discharged cured and three hundred and seventy-six died.

The membership of the association now numbers three thousand eight hundred and fifty. During the year the hospital received legacies and bequests amounting to fourteen thousand seven hundred and seventy-one dollars and twenty cents and donations amounting to six thousand six hundred and seventy-eight dollars and ninety-seven cents. Seven perpetual beds were dedicated.

Since the opening of the Samaritan Hospital, Troy, New York, in October, 1898, a large ward was used as a dormitory, and later, Price Memorial, a building for infectious diseases. These quarters were en-

tirely unsatisfactory, there not being sufficient room to accommodate the nurses then in training and it being desirous to admit another class. To relieve this condition Miss Thurman erected the new home, which is a northwest corner wing to the main building and is in direct structural relationship with it.

The building is of brick, four stories high in front and five in the rear. It is already thoroughly equipped, is modern in every respect, and entirely adequate for its purposes, accommodating about forty-five nurses. The building and its furnishing involved an expense of about twenty-five thousand dollars. There are direct entrances from outside as well as through the main building. The home is heated by steam, lighted by gas and electricity, has water and baths on each floor, and is thoroughly protected by water-pipes and hose in case of fire.

The main entrance leads into a hall, on the right of which are sitting-rooms and in front the assembly-room, which has a seating capacity of nearly two hundred. This room is divided by folding doors, so that it may be utilized as class and lecture-rooms. Continuing through the sitting-room to the southeast corner, one finds another hall, from which iron stairs lead to the floors above. The floors in the halls between the flights of stairs are of tile, thus protecting the flights from fire. Coils of hose, attached to a stand-pipe, are placed on each floor. On each of the dormitory floors is a "single" room for the head nurse, the remaining rooms, which are intended for two occupants each, being uniformly furnished and so arranged that each has one or more windows. Transoms over the doors insure proper ventilation.

The floors are of Georgia pine, the walls are white, and the woodwork is painted olive-gray. Two single white enamelled iron beds, a chiffonnière, stand, and book-case of oak, two rugs, and three or more chairs are in each room. There are bath-rooms and a linen-closet on each floor. On each floor, with the exception of the fifth, are five double rooms besides the head nurse's; the fifth floor has but three. In each room there are double curtain shades, a chandelier and bracket, gas and electric-light fixtures. A switchboard and call-bells are at the head of each flight of stairs. On the roof is a comfortable roof-garden for the use of the nurses during the heated term.

The Dauphin County Medical Society of New York has invited Forestry Commissioner Rothrock to talk before it on his proposed scheme for the care of consumptives, and he has accepted.

Dr. Rothrock says the scheme contemplates the establishment of camps on the various forest reservations of this State, which may be suitably located for the purpose, where persons suffering from consump-

tion and who have not the means to go to California and other places for their health can spend several months in the summer.

It is probable that the first camp will be opened on the reservation in Clinton County, which has an elevation of two thousand feet above the level of the sea and is free from consumption because of the purity of the air. This reservation has an area of forty-five thousand acres and is adjoined by two other large reservations.

It is intended to erect big "A" tents with permanent foundations and anchorages, so that they will not be blown down by the heaviest storms. These tents will have heavy wooden floors and will be placed fifteen feet apart. A wooden platform raised from the ground and covered will extend along the front of these tents, so that the invalids can take exercise on rainy days. The intention is to allow the people who care to avail themselves of this opportunity to live out-of-door lives.

Dr. Rothrock said that the State will not be asked to contribute one penny to the enterprise, but that he already has enough money subscribed to cover the expenses. The patients will be furnished with shelter free of charge, but they will have to make their own cooking arrangements. They will be required to rigidly adhere to the fish and game laws and all laws for the preservation of the forests, including precautions in the use of fire.

There is a forest reservation in Dauphin County, this side of the Lykens Valley, which has an elevation of about fourteen hundred feet, where a camp will be established if the plan succeeds.

The ultimate result of the idea is the establishment of consumptive camps on every healthy forest reservation of the State, which would be districted for the purpose.

MEN familiar with the inside workings of Bellevue Hospital, New York City, say that a considerable change has come over the spirit of that institution since Dr. George Taylor Stewart was installed as superintendent three weeks ago. Besides the administrative changes which he himself inaugurated, Dr. Stewart has undertaken the enforcement of hospital rules which have long been allowed practically to lapse. When he prohibited smoking in the hall-ways, for instance, he was credited with having made a new rule, though such a regulation had been on the books for many years.

The most important improvement of the new régime relates to the hours of work. A few months ago it used to be said that doctors, nurses, and helpers alike were allowed "leeway" in going to and coming from work. Now all in the hospital have a certain time for going to work.

Formerly night reports from the wards were made only to the superintendents of nurses. Now they are entered in a book in the superintendent's office; over the signature of the head nurse of every ward is found a record of all that took place in the ward during the night, including the hour and minute of each visit of the doctor. These ward records, as well as reports of watchmen and other officers, are checks on each other to such an extent that every employee is now in a position of strict accountability for what he does.

THE Training-School for Nurses recently established in connection with the Nassau Hospital, Mineola, Long Island, is a feature that will doubtless be a valuable adjunct to the work of the institution in caring for the sick and result in augmenting the number of proficient, skilled attendants throughout the country. Although the new building is but six months old, seven candidates are enrolled on the staff of nurses, and Miss Alice M. Perrigo, superintendent and general nurse, has received many other applications. Singular as it may seem, nearly all the applicants are Canadians, and at present no Long Island women are serving in the school. Applicants, to be admitted for scholarship, must be from twenty to twenty-eight years of age and conform to certain physical requirements.

The theoretical and practical three-years' course is identical with that of the large institutions of New York City, the Presbyterian Hospital being taken as a model. A better experience is obtainable, however, it is believed, at Nassau than in the larger hospitals, because there are no internes to perform the work of dressing injuries or wounds, the nurses doing that themselves instead of medical students. During graduation year, district and private nursing is exacted to complete the course.

THE New York Red Cross Hospital and Training-School has purchased through its president, William T. Wardwell, a plot of ground on Central Park West, between Ninety-ninth and One-Hundredth Streets, New York City, as a site for a new hospital and training-school. The present quarters at 110 West Eighty-second Street are entirely inadequate, and the new site has been selected with the idea of having a nurses' home and training-school large enough to keep a score or more of nurses together at the head-quarters, ready for any work for which they might be needed, instead of having them scattered about the city, as is now necessary. It was also desired to have a hospital large enough to serve as a training-school, and to care for many patients both of the paying and non-paying classes.

Plans for buildings have already been prepared, which provide for a hospital capable of accommodating about one hundred patients and a nurses' home with accommodations for about twenty nurses.

THE ninth annual report of the trustees of the Massachusetts Hospital for Dipsomaniacs and Inebriates, Foxoboro, Massachusetts, shows that the official year ending September 30 has been the busiest in the history of the hospital; beginning with one hundred and seventy-four patients, it closed with two hundred and fifty-eight—an increase of eighty-four. The number of commitments was four hundred and eighteen—a gain of one hundred and eight over the preceding year. Of those discharged in a twelve-months period, fifty-five per cent. were reported by the inspector as abstinent or doing well. This is an increase of eighteen per cent., and a most gratifying result. It is recommended that the Legislature be petitioned to enact a law making an escape punishable, by order of any court before whom such an escaped patient may be brought, by confinement at the State Farm, State Reformatory, or county jail for a period of not less than three nor more than six months.

AT the annual meeting of the contributors to the Allegheny General Hospital, Pittsburg, Pennsylvania, held recently, the Rev. B. F. Woodburn, president of the Board of Directors, read his annual report. It showed that from the opening of the hospital, on February 16, 1886, to January 1, 1901, there were eighteen thousand two hundred and twenty-nine patients treated. The report says that good work has been done in all the departments, notwithstanding the fact that the buildings occupied by the institution were old when they were purchased and have required expensive repairs from time to time.

The Training-School for Nurses has maintained a high degree of efficiency, and the graduates stand in the highest rank. The board expresses great satisfaction with the work of the superintendent, Miss Alice E. Pierson, and her assistants and the corps of physicians who form the staff of the hospital.

THE Boston Floating Hospital announces its third annual post-graduate course of instruction to nurses in care of infants. The hospital has fifty-eight beds for permanent patients, and can accommodate about one hundred day patients. Term extends from July 1 to September 1, and instruction includes care of infants, under competent supervision, with demonstrations and course of lectures by staff physicians. Diplomas given for satisfactory work and creditable examinations. Board and

rooms are furnished by the hospital, and three dollars per week for personal expenses and laundry. Each nurse is required to wear the hospital hat and apron with her own hospital dress, and to provide herself with footwear suitable for all kinds of weather. Application should be made before May 1 and in writing to Miss L. A. Wilber, superintendent of nurses, 362 Commonwealth Avenue, Boston, Massachusetts.

A PHYSICIANS' orphans' home, in which the medical profession throughout the country will be interested, is to be established in Bristol, Tennessee, in the near future. The idea of a home for the orphans of deceased physicians originated with Dr. John S. Harris, of Pulaski, Giles County, Tennessee. Dr. Harris is a relative of the late Senator Isham G. Harris, being descended from the same family.

After some discussion of the matter in the medical journals, a committee on location, representing Ohio, Wisconsin, Texas, Virginia, and Tennessee, began investigating with the view to selecting a suitable location and climate. Preferring a southerly mountain climate, the committee was unanimous in its choice of Bristol as combining the health conditions and educational advantages requisite for such a home.

REPORTS of the treasurer and the trustees of the Massachusetts Homœopathic Hospital, Boston, Massachusetts, which were presented at the annual meeting of the corporation lately held, show that the institution is in a more flourishing condition than it has ever been in. The meeting, which was held in the offices of the hospital on East Concord Street, was presided over by President Charles R. Codman. The financial report was read by Spencer W. Richardson, who, at a meeting of the trustees, was chosen to fill the vacancy caused by the death of the treasurer, Francis A. Dewson. He said that the hospital was in a very prosperous condition financially, due to the liberal bequests which have recently been made it.

THE Boston City Hospital Training-School for Nurses, Boston, Massachusetts, gave to its third-year nurses five lectures on the five Fridays in March.

March 1, "The Work of the Associated Charities of Boston." Mrs. James T. Fields.

March 8, "College Settlement Work." Mr. Robert A. Woods.

March 15, "The Consumers' League." Professor Mary W. Calkins.

March 22, "Women Wage Earners." Mrs. Charles G. Ames.

March 29, "The Curve of Social Progress." Professor Edward Cummings.

THE members of the Board of Health and the aldermen were invited by the citizens' committee having in charge the construction of the new quarantine hospital, Minneapolis, Minnesota, to attend the opening of the institution, which took place the last week in January.

At the regular meeting of the Board of Health, Health Commissioner Hall informed the members that the four buildings constituting the new hospital were completed and ready for occupancy. They comprise quarters for the nurses, two ward buildings, and a fourth structure for the accommodation of private patients. They are heated by a combination system of hot air and hot water, each building being provided with its own plant.

GROUND has been broken for the Cable Memorial Building of Evanston Hospital, Evanston, Illinois. The new structure will cost twenty-five thousand dollars, and will be three stories and an attic in height, providing thirty more rooms for patients. It will be heated by steam from a boiler-house on the rear of the lot, and will be lighted by both gas and electricity. Fire-escapes will be provided at each end of the building, and it will be connected with the main hospital building by a corridor. One of the most important features will be an isolation ward. The structure will be south of the main building and will face on Ridge Avenue. The funds for the building were contributed by Mrs. H. D. Cable.

SENATOR DAVIES introduced a bill in the New York Legislature appropriating one hundred thousand dollars for the construction of a building for the State Hospital at Albany, New York, for the care and treatment of patients afflicted with incipient pulmonary tuberculosis. The plans of the structure are to be prepared by the State architect and the building is to be made large enough to accommodate one hundred patients in addition to necessary attendants. An additional sum of twenty thousand dollars is appropriated for equipment and furnishing, this amount to be available on the first of January next.

THAT institution formerly known as the Homœopathic Hospital, Providence, Rhode Island, is now open to any legally authorized physician, and is to be known as Beacon Hill Hospital.

Mrs. Jennie L. Bassett, who has been in charge for the past three years, is to have charge of the hospital. The charges are to be just sufficient to cover the costs.

The institution will be run on this basis for a while, and if conditions warrant, a staff of physicians will be maintained.

THE plans and specifications for the new buildings at the Philadelphia Hospital, Philadelphia, Pennsylvania, are now well under way, and will be completed at an early date. The new buildings, or at least some of them, will be begun this spring and finished before the end of the year. The building most in demand is a maternity hospital. This will be the first started, as the work in this direction at the institution is retarded for want of a proper sanitary building.

THE new buildings of the Hale Hospital, Haverhill, Massachusetts, considered among the best in the State, are open for formal inspection by the public. The institution of a hospital was due to the late Hon. E. J. M. Hale, who, previous to his death, urged the City Council to secure the necessary legislation to found an institution, and at his death left a bequest of fifty thousand dollars and a site on Kent Street, near Summer, for the institution.

THE increase of patients in the Jamaica Hospital, Brooklyn, New York, makes an addition to the building greatly needed, and it will probably be made in the near future. A fine operating-room was built on its north side recently by Miss Mary Rhinelander King in memory of her aunt, Miss Cornelia King, whose life was spent in Jamaica at the old King Manor House, and whose memory is revered by all, especially by the poor and suffering.

THE Board of Managers of the Children's Hospital of Germantown, Pennsylvania, has secured the property No. 102 East Price Street which adjoins the present institution. It is proposed to fit up this building at once as a maternity hospital, something that has been needed in Germantown for a long time past. About five thousand dollars will be required for this work, and an appeal has been issued for funds.

MISS LUCY L. DROWN, superintendent of the Training-School at the City Hospital, Boston, Massachusetts, has been given a two-months' leave of absence. March 7 she started for Southern California with a Raymond excursion party. Miss Mary M. Biddle, superintendent of nurses at the South Department, Boston City Hospital, takes Miss Drown's place while she is away.

DR. J. B. H. JANEWAY, of New York City, has purchased a block of thirty-seven building lots at Burns Point, Connecticut. He intends to erect a large sanatorium. The land bought overlooks Long Island Sound. It is about a furlong in width and half a mile in length. Dr. Janeway says that he will erect a dozen cottages besides the main building.

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF

MARY E. THORNTON

FINAL REPORT

THE Committee to Secure by Act of Congress the Employment of Graduate Women Nurses in the Hospital Service of the United States Army makes the following final report:

"On February 8, 1901, a meeting of the committee was held at the house of Miss Chanler, the following members of the General Committee being present: Mrs. Joseph Hobson, chairman; Miss Margaret Livingston Chanler, secretary; Mrs. W. S. Cowles, Mrs. Joseph R. Hawley, Mrs. Amos G. Draper.

"The secretary reported that Section 19 of the Army Reorganization Bill had passed successively through the Senate committee, the Senate and the House, the House committee, and the Conference Committees of both the Senate and the House. Further, that the bill having on February 2, 1901, been signed by President McKinley, an Act of Congress had secured the permanent employment of graduate women nurses in the hospital service of the United States Army.

"The secretary then read Section 19, which is as follows:

"'SECTION 19. That the Nurse Corps (female) shall consist of one Superintendent, to be appointed by the Secretary of War, who shall be a graduate of a hospital training-school having a course of instruction of not less than two years, whose term of office may be terminated at his discretion, whose compensation shall be one thousand eight hundred dollars per annum, and of as many chief nurses, nurses, and reserve nurses as may be needed. Reserve nurses may be assigned to active duty when the emergency of the service demands, but shall receive no compensation except when on such duty; *Provided,* That all nurses in the Nurse Corps shall be appointed or removed by the Surgeon-General with the approval of the Secretary of War; that they shall be graduates of hospital training-schools, and shall have passed a satisfactory professional, moral, mental, and physical examination: *And Provided,* That the Superintendent and nurses shall receive transportation and necessary expenses when travelling under orders; that the pay and allowance of nurses and of reserve nurses when on active service shall be forty dollars per month when on duty in the United States and

fifty dollars per month when without the limits of the United States. They shall be entitled to quarters, subsistence, and medical attendance during illness, and they may be granted leaves of absence for thirty days, with pay, for each calendar year; and, when serving as chief nurses, their pay may be increased by authority of the Secretary of War, such increase not to exceed twenty-five dollars per month. Payments to the Nurse Corps shall be made by the Pay Department.' *

"The first business before the committee was the framing of the following letter, which the secretary was asked to send to Senator Proctor, Senator Hawley, and Mr. Hull:

"'DEAR SIR: Now that the President has signed the Army Reorganization Bill, and the *Committee to Secure by Act of Congress the Employment of Graduate Women Nurses in the Hospital Service of the United States Army* is about to resign, I, as secretary, have been directed to thank you for all the support and encouragement which you have given to the committee.

"'That you believed in female army nurses was an inestimable help to us at the beginning of our work, but we could not foresee how often we should have to ask your advice nor how much harder our task would have been without it.

"'There is now no reason why the best trained nurses should not enter our army hospitals, thereby lessening the time spent away from his company by every sick soldier within their reach.

"'This legislation is equally an honor to the nursing service and a benefit to the army. All those who are to profit by it, together with all who have labored in its behalf, owe you their gratitude.

"'I have the honor to be,

"'Faithfully yours,

"'MARGARET LIVINGSTON CHANLER,

"'Secretary.'

"It was also arranged that Mrs. Hobson should personally thank all who had in any way helped by their advice and interest, and that Miss Chanler should send an informal letter to Mr. McCammon, whose assistance had been so consistent during the winter of 1900.

"Miss Chanler reported several letters from Miss Schuyler, conveying her assurances of continued interest in the measure, and the following list of those to whom copies of the bill should be sent was read: Mrs. W. N. Armstrong, Hampton, Virginia; Mrs. Harriet Blaine Beale, Washington, D. C.; Miss Margaret Livingston Chanler, Wash-

*** This bill was also printed in the March number.**

ington, D. C.; Mrs. Winthrop Cowdin, Mt. Kisco, New York; Mrs. W. S. Cowles, Washington, D. C.; Mrs. W. Bayard Cutting, New York; Mrs. Amos G. Draper, Washington, D. C.; Miss Laura D. Gill, Northampton, Massachusetts; Mrs. Joseph R. Hawley, Washington, D. C.; Mrs. Joseph Hobson, Washington, D. C.; Mrs. John A. T. Hull, Washington, D. C.; Miss A. C. Maxwell, New York City; Miss C. K. Meredith, Philadelphia, Pennsylvania; Miss M. S. Nutting, Baltimore, Maryland; Mrs. Whitelaw Reid, New York City; Mrs. W. H. Osborn, New York City; Miss Linda Richards, Taunton, Massachusetts; Mrs. Hunter Robb, Cleveland, Ohio; Miss L. L. Schuyler, New York City; Miss Irene Sutcliffe, New York City.

"Miss Chanler, as treasurer, then reported a balance of seventy-seven dollars and eighty-nine cents, received from Miss Wadley, the former treasurer, and the committee directed that when Miss Chanler should have defrayed all expenses connected with her office of secretary, the remainder of these funds should be sent to the Chief Army Nurse in Manila, Miss Chanler reporting that the amount would procure a number of drives on the Lunetta for nurses who are in need of them.

"The committee next discussed the spring meeting, and unanimously decided that there was no business to come before any such meeting, and that its purpose would be amply effected by sending this final report to absent members of the committee, together with the information that Mrs. Dita Kinney, a graduate of the Training-School of the Massachusetts General Hospital, who has been superintendent of nurses in that hospital, and who has served at the Presidio and in New Mexico, was appointed, on December 1, 1900, Superintendent of Trained Nurses in the Surgeon-General's office.

"Believing that the work which the original members of this committee undertook, and in large measure accomplished, is now entirely concluded, the committee voted to adjourn *sine die*."

THE CONGRESS OF NURSES

The work of correspondence for arranging for the programme of papers to be read at the Congress of Nurses next September is being carried on by the secretary, Miss Banfield, and encouraging replies are being received, expressing interest and promising support. A number of associations have promised to send delegates, and among these the first reply received from our home contingent was a most cordial response from Dr. McGee, promising a delegate from the Spanish-American War Nurses, and the first acceptance from abroad was from the League of St. Bartholomew's Nurses.

THE NATIONAL COUNCIL OF WOMEN

Mrs. Kate Waller Barrett, M.D., D.Sc., of Washington, the corresponding secretary of the National Council of Women of the United States, writes that the annual executive meeting of the council will be held in Buffalo this summer, probably on September 11, 12, 13, and 14, and that they hope to meet the officers of the American Federation of Graduate Nurses at that time.

THE INTERNATIONAL COUNCIL OF NURSES

Miss Kruysse, matron and superintendent of nurses at the Wilhelmina Hospital at Amsterdam, Holland, has accepted the office of honorary vice-president of the International Council. She is not sure of being able to come to America for the meetings to be held during Congress week, but will doubtless be able to be present at the Berlin meeting in 1904.

Mrs. Tscherning, the president of the Danish Council of Nurses, writes most courteously of her interest in the advancing organization of nurses, but thinks that financial reasons and the fact that the Danish Council is still very young will prevent it from coming into full union with the International Council at this time: no doubt they also will feel better prepared to enter at the quinquennial in Berlin. For these reasons they do not now expect to be represented here at the September meeting in Buffalo.

Miss McGahey, matron and superintendent of nurses in the Prince Alfred Hospital, Sydney, New South Wales, has accepted the office of honorary vice-president of the International Council, and will be present at its meeting in September.

NEW ENGLAND HOSPITAL ALUMNÆ

The Alumnæ Association of the New England Hospital Training-School for Women and Children met at 206 Massachusetts Avenue, Boston, Massachusetts, on Saturday afternoon, January 12, at three P.M.

Miss Richards, the president, was unable to be present, owing to a recent indisposition. The meeting assumed a very informal character. In the absence of Miss Dillet, Miss Bertha E. Griffin, assistant secretary, assumed her duties.

Miss Miriam B. McIntosh, ex-chief nurse of the Military Hospital, Santiago de Cuba, read a report on the ways and means of establishing a club-house with a registry combined.

It was then unanimously voted by those present that the monthly meetings be continued until the year ending June, viz., holding every other meeting at the hospital and every alternate one in town. This then would give those out of town the benefit of the city meetings and those in the hospital district the benefit of the hospital meetings.

STUDY COURSE IN THE ASSOCIATED ALUMNÆ

On another page will be found a sketch of the visit made to the Manhattan State Hospital on Ward's Island. It will be of added interest this month when considered in connection with Miss Laird's paper upon the "Work of Nurses in Asylums." It is a matter for self-congratulation on the part of those who were able to accept the invitation so courteously extended the members of the Associated Alumnæ by Dr. A. E. MacDonald and Dr. E. C. Dent.

BROOKLYN HOMŒOPATHIC ALUMNÆ

"The city having bought the Brooklyn Homœopathic Hospital for the purpose of making it a Charity Hospital, we, the members of the alumnæ, suddenly realized that should we be taken sick we had no hospital home in which to be cared for.

The Executive Committee called a meeting to consider the matter. It was decided to apply to the Memorial Homœopathic Hospital of Brooklyn, and state the matter to them.

The Board of Managers of said hospital, through their president, Mrs. John Burtis, "consented to our furnishing a room, all medical attendance and nursing to be given free, only a very small fee to be charged for board per week paid by the sick nurse."

We gladly accepted the offer and have furnished a room. It is comfortably and prettily furnished, and has two windows, one having a westerly view. Books have been donated by two of our nurses, and we hope that others will follow their example in the way of decorations.

Each member of the alumnæ was taxed a small sum, and all have responded most heartily. Only members of the alumnæ are eligible to the room.

This is only a small beginning, but we hope in the future to make it an endowed room. We heartily appreciate the sisterly feeling shown by the Board of Managers of the Memorial Homœopathic Hospital of Brooklyn.

The annual meeting of the Buffalo Nurses' Association was held Monday, March 4, following the regular monthly meeting.

Interesting reports were given by the secretary and treasurer, and the following officers were elected:

President, Miss Damer; first vice-president, Mrs. Morley; second vice-president, Miss Simpson; recording secretary, Miss Snetzinger; corresponding secretary, Miss McKinnon; treasurer, Miss Keating; directors—Miss Owen, Miss Drake, Miss Ames; trustee for three years, Mrs. Storch. Miss Damer was appointed delegate to the State meeting to be held in Albany.

A social time followed. Refreshments were served by Mrs. Morley and Miss Simpson.

The polls were closed at five o'clock, after which the tellers announced the results of the election.

THE CITY OF BOSTON HOSPITAL ALUMNÆ

THE City of Boston Almshouse Hospital Training-School for Nurses, which was organized four years ago and has graduated twenty-nine nurses, organized an alumnæ association on March 14. Fifteen nurses joined. Meetings are to be held once in three months. It is now six years since it was organized as a school for nurse-attendants with a one-year course. That was frowned upon by other schools, and four years ago it was reorganized as a training-school for nurses with a two-years' course and instruction like that of any other well-regulated training-school. The hospital (nearly always full) accommodates about three hundred and fifty patients and has medical, surgical, and obstetrical departments. The patients are of the same class as those at the New York City Hospital, Blackwell's Island. The training-school numbers about thirty-five nurses.

ORANGE MEMORIAL HOSPITAL ALUMNÆ

A REGULAR meeting of the Orange Alumnæ Association was held January 16 at 475 Main Street, Orange. It was announced that this alumnæ had been accepted for membership in the Associated Alumnæ of Trained Nurses of the United States, and it was resolved to send a delegate, to be named later, to the Congress of Nurses to be held at Buffalo in September. Miss Mary Thornton had kindly taken time from other pressing engagements to address us on the subject of the society she represents, and in a very pleasing talk cleared up doubts and uncertainties that had vexed some minds on the desirability of joining another society, clearly showing the advantages to be gained by extending our interests and widening the circle through which wisdom may be received. We wish the Congress all manner of success.

That the invitation which was extended to us by the New York members of the Associated Alumnæ to accompany them upon their visit to the Manhattan State Hospital on Ward's Island could be accepted by so few of us is to be regretted. The arrangements were made for us to meet at East One-Hundred-and-Sixteenth Street on Wednesday, February 27, at three o'clock. From two-thirty P.M. groups of nurses in twos and threes continued to arrive and were welcomed by the Post-Graduate Nurses, who were the hostesses of the occasion. As the hour drew near it was clear that the party was largely in excess of the number originally expected, and fully fifty stepped on board the small tug Mermaid, which conveyed us to the island. On the landing-stage two of the hospital doctors were waiting to receive us and escorted us first to the convalescent dormitories, as they may be styled, and our first thought was that we were being shown through very comfortable, not to say elegant, sanatorium quarters, as we passed between rows of enjoyable rocking-chairs interspersed with small tables, each covered with an embroidered cloth on which was placed a flowering plant, a bunch of dried grasses, or maybe a cluster of paper flowers, while the polished floors were covered with gay rugs and the spotted rag-mats. Everything, we were told, was the work of the patients. Every rocker had its pillow or head-rest of the prettiest silk in varied designs. In the sleeping dormitories we found only beds, as close as they could be placed, the white spreads pinned most exactly in every case, and, most unusual sight, at the head of each bed a pillow-sham more or less embroidered, the work of the better class of patients. It had a strange effect to those eyes used to the stern simplicity of an ordinary hospital-bed, but it had also a very humanizing aspect. The patients make their own beds, the nurses only doing the pinning. We passed from thence to the work-room, where we could see much of that we had just noticed in process of construction—many running the sewing machine, some weaving the mats on frames, others at work on the rag carpets, following designs, garments were being made, hair mattresses being picked over, and, in fact, occupation being found for all, with only two nurses to overlook the two rooms. Only one woman in this section showed any appreciable sign of her disease, and sat on her machine until a word from the nurse brought her to her seat. We then reached the kitchens, which were much as any such large institution would possess, except that now their head "chef" is a woman from some training institution in Philadelphia which has well fitted her for her position; she is giving every possible satisfaction in her study of the dietary, much as we have heard it spoken of by Miss Alline.

We visited the nurses' quarters where the two hundred nurses and

attendants who are attached to the hospital are cared for. The small rooms were very attractive, nearly all being single, but a few contained two beds; in all cases these were strong white enamel folding-beds, a curtain being drawn before them during the day.

The shoe-shop was an interesting feature. Shoes of every grade were being turned out and repaired. The tailor-shop adjoined, a high bench running the full length of the room beneath the windows accommodating a long row of cross-legged tailors. The laundry was specially interesting, the clothes being gotten up for every inmate of this vast establishment, which must number in round figures nearly two thousand persons, as there are nineteen hundred patients. All are assigned the work for which they seem most fitted. A number of young attendants in white and blue print gowns were here assisting with nurses in charge. There were two large mangles with heated cylinders, and in the next room the walls were lined with inverted drawers with handles to slide out; these were filled with bars on which were hung the clothes for drying by the hot pipes which are over and under these slides. The washing is all done by machinery by the men. The machine which extracted the water was the newest and most interesting piece, the clothes being packed closely round a hollow cylinder, leaving the centre space clear; the whole revolved rapidly, leaving the clothes ready for the drying rails.

It must be understood that all the departments mentioned were widely separated from one another, and on the way we would meet or see in the distance wards of patients walking by two and two with nurses at short intervals on either side. It looked very dreary work for the nurses, and it was a cold day too, but nothing, the doctors said, to the weather that sometimes had to be faced on that Island, and that the exercise obtained in going about their work was often all that they had, as visiting New York was not an easy matter, there being no regular service of boats, so excursions had to be duly planned for.

We were, of course, anxious to see some of the more afflicted class, and passed on to the hospital. All the arrangements seemed singularly bright and attractive; many of the beds being arranged in large bay-windows, introducing sunlight and air, but it was not thought best to disturb patients by speaking to them much, and the visits were very brief. In one small room we saw the only noisy woman; she was weeping stormily and tearing her hair. All who were up were either sewing or reading. The dining-room, through which we passed, looked like a summer resort with its numerous small tables to seat three or four, each with its spotless cloth and dainty Japanese napkins ready for the next meal; we felt like sitting down and looking for the menu card.

One very noticeable feature was the number of birds in single or large cages—a green Polly, love-birds, canaries, Java sparrows, and odd birds not so easily recognized,—and also the thriving condition of the plants, which were in every window and on every table, and looked is as good condition as did the patients. The sanitary arrangements were, of course, in all cases as fine as could be put up, the walls of the lavatories and bath-rooms being of marble. It was particularly mentioned that in no case was a straight-jacket used, moral influence being the force in vogue.

One of the last visits was to the oldest building, which contains the chapel, where a band plays three times a week, and is formed by the male attendants. The hall was full of men when we were there, evidently enjoying the performance; this and the ante-room are used for entertainments of various kinds. This brought us to the end of our tour of inspection, and much as we appreciated all we had seen, with all the kindness and courtesy that had been shown us, we felt as if we had walked miles and needed a rest. Doubtless many points have been forgotten or overlooked in this brief record of our visit, but the lasting impression left on our minds will be the absence of much we had expected to see and the unexpectedness of much we did see, and the last thing that was in evidence was the fact that it was an asylum for the insane that we had just been through. An industrial institution would contain in as many members as many eccentricities as those that we noticed that day.

With thanks to those who had accompanied us through that pleasant afternoon, we reëmbarked and dispersed to our several ways.

THE WORK OF NURSES IN ASYLUMS*

I FEEL a great hesitancy in addressing you to-day, because the topic given me is so important and far-reaching that I will be unable to give you but a mere glimpse of the multitudinous ways in which the work of nursing the insane differs from the work of caring for the general sick. But I hope this short paper will at least entertain you, and perhaps instil a little more interest and a kindlier feeling towards our cousin nurses, if I may so term them—the graduates of the State hospitals.

Many of us felt that the establishment of training-schools in these institutions was an encroachment upon our own territory, and rather

* Read by Miss S. L. Laird before the Third Annual Convention of the Nurses' Associated Alumnæ of the United States, held at New York May 3, 4, and 5, 1900.

resented their existence, fearing perhaps that there would not be enough sick people to "go around." But I do not think we need to apprehend any serious interference from these graduates. Their work is of such a specific character and calls for such different methods that there is no reason to consider the two classes of schools as rivals at all, and I hope the time is near when they will feel a common interest in and tolerance for each other. When you realize that the State of New York is caring for over twenty thousand insane people in its State hospitals you will see there is no need to fear that there will not be enough of this class of patients to "go around," and they surely need all the help that can be given them, and by as skilful and careful nurses as can be obtained.

No class of afflicted people have been more generally neglected or misunderstood than the insane. From earliest times they have been feared, avoided, and only too often abused and ill-treated. Yet who is more in need of kind treatment and intelligent care than these often unhappy and miserable people? We extol and honor the nurse who devotes her life to the work of caring for those who are physically ill, but if you could watch the nurses of the insane among their patients, I think you would feel that no word of praise can be too high for those who are willing to give their time and strength to a sympathetic and conscientious effort to care for these unfortunates. To humor the many fancies and delusions; to understand the individual peculiarities; to control the excited and abusive; to keep the filthy and demented clean and tidy; to furnish each patient capable of it with work adapted to his or her comprehension, generally joining with him in the execution of it; many times on duty among the dangerous and vicious; almost always among the noisy and destructive; dealing with patients who need the care and attention given a child, but who retain all the duplicity and cunning gleaned in later years; with long hours and small wages, while in the hospitals, the wonder is that, in the face of so much that is wearing and repulsive, so many are willing to take its burdens upon them. It must be that, like our own work of nursing, it has another and a higher reward than that of mere pay.

Let us first consider the work of nursing the sick insane. Among the acute cases this does not differ as much from the work of caring for the general sick as you might suppose, for often delusions that are very troublesome in health disappear or are modified during an illness, and, thanks to our training-schools, skilful and intelligent care can be given. Still, many of the surgical cases will persist in removing their bandages and dressings, and if they are not constantly watched will pick out the stitches; and there is often a firm belief of poisoning

to contend with, which may prevent the administration of needed food and medicine. When this is persistent it is overcome by the method of tube-feeding, and many a patient would certainly have died without this care. A soft rubber tube is generally introduced through the nostril, and when skilfully done the act is attended with but little discomfort.

There may be difficulty in the simple taking of a patient's temperature, owing to the imagination of the patient. It is rarely safe to take it in either the mouth or rectum, so the axilla temperature is depended upon.

Many of these patients are insensible to heat or cold, so in using hot fomentations or counter-irritants this fact should be borne in mind by the nurse; again, there may be an over-sensitiveness, the patient shrinking from the least change in temperature, and becoming very impatient of any treatment of this kind; all of which require special and wise attention.

The autopsies tell strange stories, and show that many of the subjects were enduring great discomfort with no word from them to guide the physician towards their relief; though with some cases the dulness of perception mentioned before may have prevented them from suffering.

Again, there is a large proportion of the hypochondriacal among these people, and it is extremely difficult to decide which of the symptoms described are real and which are imagined. Here the work of the bacteriologist becomes invaluable, as the microscope is not apt to be "secretive" or to "hear voices," as a patient may.

These are but a few of the many difficulties which may confront a nurse caring for the sick insane, but I must leave this part of my subject and give you a mere sketch of the care of that other and larger class of patients, those who are physically as able to work and care for themselves as many people are, but who are mentally unfit for any life except that of some institution for the insane. Here is needed a form of care which we know little or nothing about, but which should receive as much attention and skill as the treatment of a surgical case or the giving of a temperature bath.

There are many facts that these attendants should bear in mind constantly. Charles K. Mills, the noted neurologist, gives us a brief but comprehensive statement of these: "That a case of melancholia would be likely to be suicidal or to starve to death; that one of mania is not infrequently homicidal or destructive; that one of monomania may exercise duplicity and for a time suppress his delusions; that a dement is likely to be filthy and not inclined to help himself at all;

that an insane epileptic may one moment be peaceful and serene, and the next in a most dangerous or motor-maniacal paroxysm; that the hysterical insane may make false or pseudo attempts at suicide."

Accidents are most likely to occur among the "general pareties" as they are called in the hospitals. These people, often having delusions of strength and grandeur, are likely to be troublesome and pugnacious, and so often have to be firmly handled. They are as a rule far from strong, weak hearts and degenerate livers and kidneys being common among them. Their bones are very brittle and not infrequently they have lung trouble. You can readily see that accidents of bone fracture or collapse would occur very frequently among these patients unless thought and intelligence were exercised by those caring for them.

Occupation is one of the greatest aids to recovery known among these cases, and many patients tell of the benefits they received from being placed at some regular or natural work. We find them employed everywhere in the State hospitals, on the farm, in the laundry and the shops, or doing the housework and sewing, as they may be most capable. And the attendant working with or guiding them, being advised of the different peculiarities of the patients under his supervision, is as much their nurse as if they were sick. He will have to watch the runaways, prevent the vicious from injuring each other, see that the delicate ones do not overwork, keep a careful lookout for knives or sharp implements, and even with some cases endeavor to prevent them from eating glass or pebbles—all of which may not be a very high grade of nursing, but which is very necessary among these people.

Amusement is of recognized importance, and a regular sum of money is allowed each hospital for this purpose. It is necessary for some attendants to be able to enter into these various forms of diversion, dancing, ball-playing, assisting at musical entertainments, using any talent they may possess or be able to acquire for the pleasure of these unfortunate people. Accomplishments that would be wholly unnecessary for a nurse in a general hospital are of the greatest benefit when used for the insane, and may be considered another form of nursing. "Substitution of thought" is as much to be desired in this work as for the cases of nervous prostration, and an attendant who is able to interest her patient in sewing or housework may be assisting in bringing about her recovery or improved condition.

My subject is far from exhausted, but I have exceeded the time allowed me. If I have aroused any interest in your hearts for those who are trying to "minister to the mind diseased," or increased your sympathy for those who are "sick and troubled with thick-coming fancies," my paper will have accomplished its mission.

FOREIGN NEWS

IN CHARGE OF

LAVINIA L. DOCK

ORGANIZATION NOTES

THE CONSTITUTION OF THE DANISH NURSES' ASSOCIATION

We were glad to receive the constitution of the Danish Nurses' Association. It was sent us by some thoughtful friend whose name, however, did not come with it, so that we can only make this general acknowledgment. We give an abstract of its leading features, space not permitting of a full reprint.

OBJECTS.

To advance the interests of the nursing profession, both in practical personal ways and on broad general lines.

MEMBERSHIP.

Members are active, associate, contributing, and honorary. Active members must have had three years' hospital training, or, in the case of nurses having graduated before January 1, 1901, one year of hospital and three of private duty or two of hospital and two of private duty are accepted as equivalents. The training must have been received in hospitals which are approved by the committee as maintaining a fair standard. Women who have not had the training required for active membership may be admitted as associates. Should they subsequently take the requisite course they may become active members. Contributing members may be women or men who contribute a certain fixed sum yearly or who make a life payment to the association. Honorary members may be women or men who have rendered special service to the association. Application for active membership is made by filling out the answers to a set of questions relating to the work and experience of the applicant. It is passed upon by an examining committee, and if endorsed, is presented at a regular business meeting. A majority vote elects, a quorum being present. Rejected applicants, if supported by ten active members, may appeal to the whole association at a general assembly, and if half of the active members are present the rejected ones may be voted in over the committee's decision by a majority vote. Active members are required to wear the badge of the association, and the annual fee is four kronen (about a dollar) for active, three for associate, and not less than two for contributing members. A "sick benefit club" exists within the association; as the details of its management are not included in the constitution, it is probably voluntary and has its own rules. The officers are as usual, with a small Executive Committee who rotate, passing out of office after a three-years' term. The constitution provides that a certain proportion of these must be nurses in active work, *not* holding positions of authority, and that one must be a private-duty nurse. Besides this Executive Committee, or "Upper House,"

there is a larger committee, or "Lower House," serving for two years in rotation, and elected from the active members at the general meeting. The general assembly has, within the limits marked out by the constitution, the supreme authority in all matters coming before the association. The vote is cast only by active members who are present at a meeting.

Besides the business meetings and general assembly, the association holds social and educational gatherings, where lectures may be heard and work and professional questions discussed. The duties of officers are about like ours, and provisions for standing and sub-committees, routine work, finances, and the expulsion of unworthy members are about the same, the greatest care having been taken, apparently greater than we take, to keep everything on a democratic basis.

One curious feature of the constitution is that it provides for the possible disbanding of the association,—a provision that we do not now recollect ever having seen in a similar instrument, and which seems to indicate that the organization was felt to be a doubtful experiment, as it must have been a bold step forward for nurses accustomed to the conservatism of the Old World.

If the committee feel disbanding to be expedient and proper, the officers are to bring a notice for disorganization before the general assembly. Three-fourths of the active members must be present, and of these four-fifths of all the votes cast are required for disbanding. If these conditions are not complied with, a new general assembly may be called on eight-days' notice, and disbanding may then be resolved upon by four-fifths of the votes actually cast, without regard to the whole number present. The assembly must then also decide what disposition shall be made of the property of the association.

Let us hope that this preparation for the worst may have been made in vain. The Danish nurses will advance farther in ten years' time by means of their own self-governing association, than in a couple of hundred years under the queer old methods of restriction and repression, and we want them to join the International Council of Nurses, and, no doubt, some day they will.

ADMISSION TO AND WORK OF THE NURSES IN THE VICTORIAN ORDER, CANADA

At the time of the inception of the Victorian Order of Nurses for Canada, not only was a Royal Charter granted (by which His Excellency the Governor-General of Canada was appointed patron), but Her Majesty gave the nurses her permission to wear the same badge and uniform as those worn by the Queen's Nurses in Great Britain. The feeling, therefore, that should inspire and uplift the Victorian Order nurse, going out to serve those of her fellows who are attacked by disease, should be something akin to that of a soldier who has volunteered to serve his country.

At the expiration of a candidate's term of training she is recommended by the chief lady superintendent to the Executive Council for admission to the order, and whenever it is practicable she goes to head-quarters, which are at Ottawa, to receive her badge and diploma. In the presence of the members of the Executive Council, Her Excellency the wife of the Governor-General, who is honorary president of the order, pins on the badge, addressing her in the following words:

"You have been recommended to the Board of Governors by the chief lady superintendent of the order as a nurse professing the qualifications and training which our order requires, and as one who has proved through your training in district nursing your efficiency in all your nursing work and your willingness to observe all the regulations of the order.

"We therefore welcome you very heartily to the ranks of the order, and we enlist you for active service for two years.

"May you be enabled to carry into action the true spirit of the order, and may God's best blessing rest upon you."

The nurse then signs the agreement. She is now a Victorian Order nurse, qualified to be appointed for a period of two years to any district where the order is at work. Should she express a preference for a special station, an effort is made to meet her wishes as far as possible. She may take up her duties under any of the following conditions: as head nurse in one of the small cottage hospitals, as head nurse of a district where two or more nurses are employed, as second nurse in either hospital or district, or as single nurse in a district.

Wherever the services of a nurse are required local committees are established, who give a guarantee to the Board of Governors that they will provide for the nurse's maintenance and salary and hold themselves responsible for her comfort and welfare. The nurse's salary is not less than three hundred dollars a year, with uniform, laundry, board, and lodging.

The nurse presents a report of her work to the Local Committee each month, and a copy of the same is sent to the chief lady superintendent, part of whose duty it is to visit the nurses at least once during the year.

In the cities district nursing alone is undertaken, but in the more remote country districts, where there are no trained nurses within reasonable reach, a few consecutive days may have to be given occasionally to one single case; but the extra hour on duty per diem must be qualified by extra hours off duty when the special need is over.

Where money sufficient to erect a proper hospital building cannot be raised at once, the nurse usually begins work in a small tenement-house. Such a house, capable of accommodating from four to ten patients, two nurses, and a maid, is rented and made as sanitary and comfortable as conditions and means will allow. The nurse's life for the first year or two in these rural districts is truly that of a pioneer!

In case of a major operation having to be performed, the nurse will probably convert the one room which serves her for both sitting- and dining-room into an operating-room—and only a nurse can appreciate the labor involved in fitting it for such a purpose. The water, dressings, etc., have all to be sterilized on the little cooking-stove, and it requires a woman not only thoroughly trained, but also possessed of ingenuity and abundant common-sense, to make the most of the very inadequate appliances at her disposal. Many nurses wonder how a talented woman who has spent years in a fine, well-equipped hospital is willing to apparently bury herself in a wild country district, but to do good work under such adverse conditions demands the very best material, physical, intellectual, and moral.

In one of these small tenement-houses in the course of two years over one hundred and fifty patients have been successfully nursed, many of whom were men and boys without homes, who must have died under the only other treatment procurable, that which could be got at a second- or third-rate hotel. The gratitude shown to the nurse by her patients, the admiration and regard for her

expressed by all who take an interest in the hospital, and the satisfaction of knowing that in a few months a new, properly equipped building and trained assistance will be at her disposal—surely these are things worth some sacrifice! There are too higher and holier compensations which strengthen her hands in well-doing.

Twenty-three branches of the order have been established in less than three years. In five of these the work has been carried on in cottage hospitals, but just as fine results have been achieved by the nurse in the district. Many an infant owes his eyesight to her attention and to her carefully instructing the mother how to carry on the same treatment in her absence; many a mother has been saved from septicæmia by the precautions which only a trained nurse knows how to take; and cleanliness and order have been permanently established in not a few homes through the force of her example.

It is hoped that these sketches of the training and of the character of the work in the Victorian Order will appeal to many, and that the new year will bring into the ranks of the order women who are ready, by training, and willing, through love and the desire to serve, to obey the command,—

"Whatsoever He saith unto you, do it."

CHARLOTTE MACLEOD,
Chief Lady Superintendent.

LETTERS

FROM OUR ENGLISH CORRESPONDENT

QUEEN VICTORIA AND THE PROFESSION OF NURSING

DEAR EDITOR: Just now, when we are all grieving over the death of our great and good Queen, and all eyes are turned upon her personality, a few words concerning her in her relation to nursing will be timely. The Queen's reign has seen the dawn and the extraordinary development of scientific nursing, for until the time of the Crimean War nursing, as we understand it, was unknown. Queen Victoria followed with the keenest interest the work of Miss Florence Nightingale and her colleagues in the Crimea, and later gave practical evidence of this by laying the foundation-stone of St. Thomas's Hospital when the present magnificent structure was erected, and the Nightingale School was founded in connection with it. Notable events in the Queen's reign in relation to nursing have been the establishment of the Army, Navy, and Indian Army Nursing Services. As at present constituted these organizations are merely the nucleus of what will eventually become efficient State departments for the careful nursing of our soldiers irrespective of rank. During her reign Queen Victoria paid constant visits to the Royal Military Hospital at Netley, and as a special mark of her recognition she instituted in 1883 the order of the Royal Red Cross "For zeal and devotion in providing for and nursing sick soldiers, sailors, and others with the army in the field, on board ship, or in hospitals." Foreign as well as British subjects are eligible.

In 1887 the Queen Victoria Jubilee Institute was founded by her for supplying district nurses to the poor in their own homes. The Queen devoted to this purpose the sum of seventy thousand pounds, the Jubilee offering of the women of England, and it is with this branch of nursing that her name will be forever associated.

Not only in England, but in Scotland, Ireland, and Wales Queen's nurses are now at work, the head-quarters of the institute being at St. Katherine's Hospital, London. The president is the master of St. Katherine's, a clergyman of the English church, a curious appointment, the origin of which, no doubt, comes down to us from mediæval times, when brethren and sisters lived a conventual life in obedience to the direction of their appointed master, but one which is out of touch with the present age, when the active control of a man unversed in nursing requirements in an association of trained nurses appears an anomaly.

In 1891 the Queen once more showed her practical interest in nursing by granting the prefix "Royal" to the British Nurses' Association, founded upon the initiation of Mrs. Bedford Fenwick and some public-spirited matrons, to obtain legal status for trained nurses, and in order that they might enjoy the benefits of professional coöperation, and again in 1893, when the matrons who had founded it had an effective share in its management and the association was at the height of its power and usefulness, it was granted a royal charter by the Queen in Council.

UNION JACK.

(To be continued.)

A MODERN ASSOCIATION IN GERMANY

[The following account of the work of an association which demonstrates vividly the world-wide pressure of the "woman's movement" towards fuller self-development and personal freedom has been kindly written for the JOURNAL by Lady Brandis, wife of Sir Dietrich Brandis, a scientific man of much prominence.—ED.]

BONN, KAISER STRASSE.

THE AMERICAN JOURNAL OF NURSING.

DEAR EDITOR: As you think that some information about the "Diakonie Verein" may be interesting to your readers, I shall try and give you a little sketch of its guiding principles.

The "Diakonie Verein," which has now been in working order for five years, owes its existence to Professor Zimmer, its present director, formerly superior of a theological seminary in the province of Hessen, Nassau.

Years ago Professor Zimmer recognized the necessity of creating new fields of labor for young ladies of good education who were desirous of devoting their strength and energy to philanthropic work, but who did not feel disposed to enter a deaconesses' institution.

In framing the rules for this new undertaking Professor Zimmer was guided by the idea that the sisters joining the "Diakonie Verein" should, as much as possible, retain their individual freedom and independence. The outcome of this principle is that those sisters who have been finally accepted into the inner sisterhood are permitted to share largely in the management of the affairs of the "Verein."

A young lady wishing to enter the "Verein" has first to choose her branch, of which there are three, one for nursing, the educational one, and that for household economy. If, for instance, she wishes to go in for the one of nursing,

she has to apply to one of the lady superiors of a district and has to submit a curriculum vitæ, a health report, and her college certificates. If these testimonials are found to be satisfactory, she is admitted to one of the seminaries of the "Verein;" the seminary is not a college, but means practical training in a large hospital under close supervision and with theoretical instruction given by the leading physician and his staff.

In the majority of cases the lady superior of a district is at the same time the superior of the whole nursing establishment of her hospital, but she may also have sisters of the other branches in her district under her superintendence. It will be seen that her post is a most important one with varied duties, and can only be filled by a sister with a wide experience. The young sister having finished her training in the seminary, the shortest duration of which lasts a year, has to pass an examination, and if she has been successful she is now fit to accept a post and to receive salary. For the next year she is a probational sister and is mostly placed by the authorities which preside over the Verein under the eyes of an experienced sister. The probation year being over, other places can be offered to her, and it is left to her own decision to accept as she likes. She will either have charge of a ward in a hospital and eventually teach novices, or she may accept the work of a parish sister. From either position she can rise to the higher posts the "Verein" has to offer. She will probably belong for a few years to the outer circle, called "Vereinsschwestern," and she may then be admitted by election into the inner circle, called "Verbandsschwestern."

Her holidays are limited to three or four weeks in the year, and it is obligatory for her to subscribe to a pension fund. It is, however, possible for a sister to retire for a longer period from the field of labor, if family duties or ill-health oblige her to do so. Should she wish to leave the Verein altogether, she has to give three-months' notice.

The authorities above mentioned consist of the "Vereinsdirektor," who is supported by a committee and appointed heads of various departments.

How much an undertaking of this kind was needed in Germany is best shown by the number of sisters who now belong to the "Verein," who are grateful for the opportunities thereby offered to them, and by the constant influx of new applications. There is a strong *esprit de corps* already developed among the sisters, especially among those who belong to the inner circle.

It is necessary, finally, to add that the "Evangelische Diakonieverein," which is absolutely self-supporting, is limited to sisters belonging to the Protestant religion.

KATHERINE BRANDIS.

EDITOR'S MISCELLANY

NOTICE of change of address must be sent to the office of the publisher not later than the twentieth of the month before publishing, otherwise a number lost will not be replaced.

BUFFALO, NEW YORK, February 26, 1901.

To New York State Nurses:

The meeting for the purpose of forming a New York State Nurses' Association will be held on April 16 and 17, in the Common Council Room of the City Hall at Albany. New York.

The preliminary meeting will be called at two P.M. on Tuesday, April 16, and an effort will be made to have all business completed in time to enable all delegates to return home Wednesday evening, April 17.

All nurses' clubs, societies, alumni associations, and schools having no organized association are earnestly requested to send delegates, and all resident graduate nurses in New York State are invited to be present and take part in the discussions.

The object of forming a New York State Association is to ultimately secure legislation for the advancement of the nursing profession.

Signed by Committee:

MISS SYLVEEN V. NYE, Chairman,
404 Prudential Building, Buffalo, New York.
MISS ANNIE DAMER,
55 West Mohawk Street, Buffalo, New York.
MISS LAVINIA DOCK,
265 Henry Street, New York City.
MISS EVA ALLERTON,
Superintendent Homœopathic Hospital, Rochester, New York.
MISS ISABELLA MERRITT,
Superintendent Brooklyn Hospital, Brooklyn, New York.
MISS E. V. BURR,
137 West Twenty-first Street, New York City.

THE NEW PUBLIC CONSCIENCE

MR. JOHN GRAHAM BROOKS suggested some interesting problems in his talk before the League for Political Education a short time ago on the acceptance of tainted money for good purposes.

He said that, as a rule, on asking men of high character and moral worth if they would accept money, no matter how it was made, they said "Yes." But when, on pressing them further, he asked if they would take money from, say, a

brothel, they answered "No," and realized that there were limits beyond which they could not go.

Mr. Brooks thought only flagrant cases of bad money-getting could be refused, and that there was a limit to moral responsibility in the matter. Inherited money he thought could be accepted, and money after death, if no conditions were appended thereto; also that certain kinds of institutions could without loss of honor accept money which others could not take; as, for instance, a hospital could, where a church or college could not, and this was demonstrated when he put before different men the case of a Richard Croker Chapel or Art Museum for a college, which shocked their sense of right and seemliness, whilst the suggestion of a Richard Croker Veterinary Hospital did not.

Then he touched on the question of having to consider the motive in giving, whether it was for personal glorification or to buy back a good name and to condone the bad mode of making the money. He said, "The practical man will ask, 'How are you to tell if the money was ill-gotten?'" Mr. Brooks thought that if a man's associates considered him unscrupulous, it was safe to say that his money was not pure money.

He cited instances of people's sensitiveness as to the use of special money. One was connected with the Hooley scandal. A handsome communion service had been given to and gladly accepted by a London congregation, and after the collapse some questioning arose as to whether it could be retained. It was finally kept, but many people thereafter felt they could no longer go to that communion table.

Mr. Brooks spoke earnestly as to the need of making individuals in a corporation responsible for the moral conditions of the affairs in which they were engaged, and thought a great deal too much value was given to mere bigness in the trappings of education, and not enough to the character that was the vital part of it.

H. McD.

[Those who are interested in the growth of this new public conscience in regard to money will find the subject most luminously discussed in an article called "Ill-Gotten Gifts to Colleges" in the *Atlantic Monthly* for November, 1900, by Miss Vida D. Scudder.—Ed.]

MISS LAMPE EXPLAINS

In answer to various inquiries in regard to "A Working Woman's Trip Abroad," Miss Lampe sends the addresses of the German and French "Pink Books," as she is not always able to answer letters at once:

"Christlicher Ratgeber, Bureau des National-Vorstandes, Leipziger Platz, No. 5, Berlin, W., Germany."

"Bureau Centrale de l'Unione Internationale, Neuchâtel, Switzerland."

She also sends clippings of the ocean steamers as follows, and says, "The North German Lloyd have the twin-screw passenger service, ships which do not carry the mail and are, of course, slower,—twelve days from here to Bremen,—but are in every way excellent and to be recommended."

Wilson Line (New York to Hull, weekly).—Buffalo, April 6; Ohio, April 13; Consuelo, April 20; Hindoo, April 27.

Phœnix Line (New York to Antwerp, weekly).—British King, April 6; St. Cuthbert, April 13. First cabin to Hull, thirty-five dollars and upward. Apply to Sanderson & Son, 22 State Street, New York.

Atlantic Transport Line (New York to London).—Minnehaha, April 6; Manitou, April 13; Mesaba, April 20; Menominee, April 27; Marquette, May 4. These are all modern steamers, luxuriously fitted with every convenience, and all the staterooms are located amidships on upper decks. First cabin passage from New York to St. Pancras Station, London, forty dollars and upward. Office, 1 Broadway.

Prince Line (to the Azores, Naples, and Genoa).—Tartar Prince, April 9; Trojan Prince, April 25; Tartar Prince, June 1; Trojan Prince, June 18. Cabin passage to the Azores, fifty dollars and upward; to Italy, sixty-five dollars and upward. These are new steamers under the English flag, and commanded by British officers. Apply to C. B. Richard & Co., 61 Broadway, New York.

By the death of Miss Kate A. Greiner a loving, helpful presence is gone from us. Her work in the world was done with rare faithfulness, and to the sorrows and sufferings of those about her she ever gave the generous sympathy of a noble heart. She lived not to be ministered unto, but to minister.

Pauline L. Dolliver,
In behalf of the Board of Examiners of the Hospital Economics Course, Teachers' College.

DEATH OF MISS SIMPSON

Miss Jennie Simpson, Class of '97 of the Rhode Island Hospital Training-School, died at her home in Gagetown, New Brunswick, on Tuesday, March 5.

THE LATE MISS AGNES TAYLOR

There passed away on Tuesday afternoon, February 29, after an illness of six months' duration, Agnes, the eldest daughter of Captain Donald Taylor, of the Allan Line. The late Miss Taylor was devoted to her profession of nursing, and her name was the first on the list of applications for entrance to the Training-School of the Royal Victoria Hospital, her badge being distinguished by bearing the number "One." Miss Taylor graduated in 1896, and then took a post-graduate course in Boston. She was advancing very rapidly in her profession when she was struck down by the disease which was to prove fatal, holding at that time the position of assistant superintendent of King's County Hospital, Brooklyn, New York. So highly were her services valued at that institution that the position she held has not been filled, the authorities having hoped that her health would eventually be restored, and that she would have been able to resume her duties. Miss Taylor bore her long illness with exemplary patience and Christian fortitude, and she passed away in the certain hope of everlasting life. She was of a cheerful, kindly nature, sunnily optimistic, and was loved by all who were privileged to call her friend for her many noble womanly qualities.

Miss Ida M. Bunce, a graduate of the Cleveland Homœopathic Hospital Training-School, Class of '97, died of consumption at her home in Corry, Pennsylvania, January 26, 1901.

MARRIED

Miss F. L. Ellis, Class of '98 of the Homœopathic Hospital, Cleveland, was married to J. W. Johnson, of New York, January 29.

Mrs. M. P. Kerr, of the same school, was married to A. G. Williams, of Denver, Colorado, January 23.

Miss L. D. Dorsett, of the same school, was married to Arthur Trousdale, of Leland, Michigan, January 20.

HOSPITAL BURNED

The Beaver County General Hospital, at Rochester, Pennsylvania, was burned on March 11. All the patients were rescued by the prompt action of the superintendent, Miss Ida May Beams, and those under her.

We regret very much going to press without Miss Hubbard's fourth number, but we are sure there is some good reason for her failing us. We only hope the hospital at Matanzas is not again in quarantine with another epidemic of yellow fever. All serial papers contributed by nurses in active service must, of course, be subject to the exigencies of a nurse's life.

CHANGES IN THE ARMY NURSE CORPS

CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING MARCH 12, 1901.

Bear, Carrie D., transferred from Santa Mesa Hospital, Manila, to transport duty on Indiana en route to the United States. Arrived in San Francisco February 28 and was assigned to temporary duty at the Presidio waiting orders.

Boruck, Florence M., who has been serving at the First Reserve, Manila, had contract annulled at her own request January 15, to be married on February 1 to Captain Struve, sailing-master of the transport Hancock.

Boyson, Alice M., transferred from Santa Mesa Hospital, Manila, to transport duty. Reported at San Francisco March 1.

Brock, Sarah A., appointed nurse in Nurse Corps February 20 for duty at the United States Army General Hospital, Presidio of San Francisco.

Butler, Mary A., transferred from Santa Mesa Hospital, Manila, to Nagasaki, Japan.

Call, Sylvia, transferred from the Military Hospital, Dagupan, to the First Reserve, Manila.

Cleland, May, transferred from the Military Hospital, Dagupan, to the First Reserve, Manila.

Cox, Sara M., sailed from San Francisco on Sheridan February 16 on return journey to the Philippines.

Clinton, Bee Agnes, transferred from Dagupan to transport duty en route to the United States. Arrived in San Francisco February 28 and was assigned to temporary duty at the Presidio waiting further orders.

Craig, Mary E., transferred from Convalescent Hospital, Corregidor Island, to transport duty on Meade. Reported at San Francisco March 1.

Felt, Caroline E., formerly at the Santa Mesa Hospital, Manila, has been discharged from the Nurse Corps.

Graham, Catherine B., sailed from San Francisco on the Sheridan February 16 on return journey to the Philippines.

Hasemeyer, Augusta D., transferred from the Military Hospital, Dagupan, Philippine Islands, to the First Reserve Hospital, Manila.

Hearn, Mrs. Mary, formerly on duty at Hamilton Barracks, Matanzas, Cuba, has been discharged from the Nurse Corps.

Howard, Carrie L., transferred from Santa Mesa Hospital, Manila, to transport duty en route to the United States. Arrived in San Francisco February 28 and was assigned to temporary duty at the Presidio, waiting orders.

Kelly, Lucy S., recently reported in Manila, first assigned to duty at the First Reserve Hospital and afterwards to the Convalescent Hospital, Corregidor Island.

Kennedy, Mary J., recently reported in Manila, first assigned to duty at the First Reserve Hospital and later to the Convalescent Hospital, Corregidor Island.

King, Ella B., sailed on Sheridan February 16 on return journey to the Philippines.

Kolp, Marie A., formerly on duty at the Military Hospital, Dagupan, Philippine Islands, discharged from the Nurse Corps.

Lake, Mabel I., transferred from the First Reserve Hospital, Manila, to transport duty en route to United States. Arrived in San Francisco February 28 and assigned to temporary duty at the Presidio waiting orders.

Lamb, Sarah A., transferred from First Reserve Hospital, Manila, to duty at Nagasaki, Japan.

Langenberger, Lillian, formerly on duty at the United States Army General Hospital, Presidio of San Francisco, discharged from the Nurse Corps.

Lewis, Nellie A., formerly on duty at Cabana Barracks, Havana, Cuba, discharged from the Nurse Corps to accept position in civil hospital in Cuba.

Livingston, Mrs. Tessie, transferred from the United States Army General Hospital, Presidio of San Francisco, to duty in the Philippines. Sailed on Sheridan February 16.

McCord, Harriet L., transferred from Santa Mesa Hospital, Manila, to duty at Nagasaki, Japan.

McDonald, Jeannette, transferred from the Military Hospital, Calamba, Philippine Islands, to duty at the United States Army Hospital, Presidio of San Francisco. Reported February 6.

Mahlum, Helene, reported in Manila from transport duty and was ordered to Santa Mesa Hospital, Manila, January 28.

Meech, Marietta L., transferred from the Military Hospital, Iloilo, Philippine Islands, to the First Reserve, Manila, to await orders for transport duty.

Mitchell, Janet D., transferred from the First Reserve, Manila, to duty at Nagasaki, Japan.

Moore, Marie Eva, reported at the Second Reserve Hospital, Manila, from transport duty.

Morrison, Henrietta C., reported in Manila from transport duty and was ordered to duty at the First Reserve January 28.

Murrin, Maude G., appointed chief nurse at Military Hospital, Dagupan, Philippine Islands, in place of Miss Rose Tweed.

O'Brien, Annie E., formerly on duty in Cuba, discharged from the Nurse Corps to accept position in a civil hospital in Cuba.

Reed, Augusta G., recently reported in Manila from transport duty and ordered to the Santa Mesa Hospital January 28.

Salter, Mrs. Marguerete, sailed for the Philippines on the Sheridan February 16.

Schuler, Johanna, appointed nurse in Nurse Corps March 1 for duty at the United States Army General Hospital, Presidio of San Francisco.

Sigsbee, Harriet E., formerly on duty at the Santa Mesa Hospital, Manila, discharged from the Nurse Corps.

Smithwick, Georgie, formerly on duty at the First Reserve Hospital, Manila, discharged from the Nurse Corps.

Tullis, Victoria A., formerly on duty at the Military Hospital, Dagupan, Philippine Islands, discharged from the Nurse Corps.

Tweed, Rose Anna, formerly chief nurse at Military Hospital, Dagupan, Philippine Islands, granted leave of absence.

Wilson, Genevieve, transferred from the First Reserve Hospital, Manila, to duty at Nagasaki, Japan.

Wilson, Sibbie, recently reported in Manila from transport duty and ordered to duty at the First Reserve January 28.

Wyckoff, Alice M., formerly on duty at the United States Army General Hospital, Presidio of San Francisco, discharged from the Nurse Corps.

Zaner, Abbie H., formerly on duty at Military Hospital, Calamba, Philippine Islands, discharged from the Nurse Corps.

Zeller, Clara M., recently reported in Manila from transport duty, ordered to the Santa Mesa Hospital January 28.

NOTE.—The passage of the Army Reorganization Bill with its section providing for the Army Nurse Corps annulled on the day of

its signature by the President all the contracts of nurses in the service, and their pay passed from the hands of the Medical Department to the Pay Department. To avoid any complications, all members of the corps were at once appointed under the new form, these papers bearing date of February 2, the day of the signing of the bill. Hereafter members received into the corps will be spoken of as having been "appointed" and those whose connection with it is severed as being "discharged," there being no longer any contracts in existence.

DITA H. KINNEY,
In Charge Army Nurse Corps.

WAR DEPARTMENT, SURGEON-GENERAL'S OFFICE,
WASHINGTON, March 16, 1901.

DEAR MISS PALMER: I am glad to be able to inform you that the Secretary of War has to-day sent the Surgeon-General my appointment under the new law as the "Superintendent of the Nurse Corps." How earnestly I bespeak the hearty support and confidence of all the members of my profession I have simply no words to express! I to-day assume the responsibilities with a renewed sense of all that they mean to the Nurse Corps as well as to each and every member of our beloved profession, and earnestly hope that I may be endowed with all the attributes necessary to the wise, just, and successful discharge of my duties.

Gratefully acknowledging your many kindnesses,
Believe me to be,
Cordially yours,
DITA H. KINNEY.

THE EDITOR

THE meeting of the New York State nurses called for April 16 and 17 will be in the nature of a conference. Not "Shall we organize?" but "*How* shall we organize?" is the great question. A State society cannot be formed with an individual membership, but the nurses must organize in local clubs before the final State association can be formed. It is to determine *what* form of local organization is best that this meeting is called, and having decided that most important question, a committee to draft a constitution, to report at a subsequent meeting, can be appointed, such form of local organizations as may be decided upon to be formed in the meantime.

Arrangement will be made for delegates to register at the City Hall at one o'clock on the 16th.

This meeting should be a non-partisan deliberation of the men and women nurses of the State, with the best interests of the profession at large the point in view. This is by far the most important step undertaken by any group of nurses in the world, and we trust they may be given wisdom in proportion to the demands of the occasion.

SECTION 19 of the "Army Reorganization Bill" has become a law so quietly and so unobtrusively that it is exceedingly difficult to tell by what means this change has been brought about.

A year ago great numbers of the nursing profession were agitated over the subject of what was called the "Army Bill." The principal feature of this bill was that trained women nurses should remain permanently in the army, in times of peace as well as war, that our soldiers might have the same degree of intelligent care and skilled nursing that is provided for the poorest of our people in the cities and large towns throughout the country. An important clause in the bill was that this Nursing Corps, having become permanent, should be under the supervision of a woman, who should be a trained nurse, qualified to direct this section of the medical department of the army, subject, of course, to the control of the Surgeon-General. The final report of the "Committee to Secure by Act of Congress the Employment of Graduate Women Nurses in the Hospital Service of the United States Army" is given on another

page. This committee claims no special credit for Section 19. The conditions which are specified in this bill, making the employment of women nurses permanent and providing that the woman at the head of the Nurse Corps shall be herself a trained nurse of ability, have been in practical operation for so long a time that the bill becomes a law without attracting much attention. Unquestionably the Military Committees of the House and the Senate have been influenced by the strong expressions of opinion which they have received through different channels from organizations of nurses throughout the country. The work of the committee, although so quietly done, undoubtedly has had its influence, and we must give to Dr. McGee every acknowledgment for having upon her retirement left the conditions of her department in the army as nearly as possible in accord with the wishes of the nursing profession.

From the beginning of the war until now there has been a tendency on the part of the women of the profession to assume no responsibility for any unfavorable criticisms that have been made upon the nurses in the army, forgetting, apparently, that all of these women have received their training in the civil hospitals, and that the medical department of the army, in meeting a great emergency, had little time for thorough investigation or careful selection. This emergency period having passed, and many chaotic conditions incident to that period having been remedied, and the wishes of the women of the profession having been so carefully respected by both houses of Congress, we can no longer evade our responsibility in this matter, but must give to the woman in charge every assistance that she may require to make the Nursing Corps of our army an example for other nations to follow.

We know from excellent authority that Mrs. Kinney's appointment has been most satisfactory to those members of the Army Nurse Committee who have been untiring in their efforts to bring about this change. We feel confident that Mrs. Kinney, owing to her own experience in garrison life, will use every means in her power to exclude from the corps that class of women who, by their unwomanly conduct and lack of dignity, have given occasion for much of the criticism that we hear on the nurses of the army.

The important question for the Superintendents' Society to consider, in coöperation with Mrs. Kinney, is whether or not it is practicable to give to the nurses in training some special instruction with reference to the army service. The suggestion that provision should be made in our training-schools for such instruction was made to us some time ago by Mrs. Chadwick, the wife of Captain Chadwick, of the navy, and the time seems to us to have come when her idea might take practical form.

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ORIGINAL COMMUNICATIONS

THE EVOLUTION OF THE TRAINED NURSE*

By E. D. FERGUSON, M.D.
Surgeon to the Samaritan Hospital, Troy, New York

(Continued from page 468.)

Turning more directly to the work of nursing, we go back to the year 1821, when Theodore Fliedner, a Lutheran minister only twenty-one years of age, was given charge of a parish at Kaiserwerth, a small town on the Rhine just below Düsseldorf, where the people were mainly of the Roman Catholic faith and found their livelihood in a velvet industry.

This young pastor was provided with a yearly salary of one hundred and thirty dollars, hardly "passing rich on forty pounds a year," and even that was soon nearly lost through the failure of a velvet manufacturer who had given employment to most of his parishioners.

Our hero was the son of a Lutheran clergyman, and had ploddingly passed through his ecclesiastical course with no promise of greatness, hardly of common success.

He carried, however, into all his work, from the beginning of his school duties to the end of his life, sincerity of purpose and tenacity in method. He had doubtless heard of the work of John Howard and Mrs. Fry, and his sense of the injustice that closed the gates leading to honest employment, and possibly worldly redemption in the case of discharged women convicts, led him to consider earnestly and carefully

* Address delivered at the opening of the Nurses' Home of the Samaritan Hospital, Troy, New York.

what could be done for them, though he was then devising methods to continue the work of his parish after the loss of the main source of support.

To provide an endowment for his church he went among his Evangelical friends in Germany, Holland, and England, where he not only had a measurable success in securing funds for his parish, but he had the opportunity to observe the need of a change of method in the administration of prisons and hospitals, and he doubtless discussed the problems with those who, like him, were moving for such a change.

Though the condition of the inmates of the prisons and hospitals, for we may properly class them together from many stand-points, was such as to appeal to all those who knew the facts and whose hearts impelled blood rich enough to develop sympathy, the question of what to do about it did not admit a ready answer.

Conservatism is at once the most useful and the most injurious of social notions, and to break the bonds of custom, strong through habit and vested interests, requires often the strength of an intellectual and physical Hercules.

How should this simple Lutheran pastor, with only the resources of what might be termed a parish of paupers, hope to accomplish the work that was untouched in Germany and still needed so much in England in spite of the labors of Howard and Mrs. Fry?

In his desire for opportunity to investigate, he even requested to be committed to prison, and there was not enough of humor in the German mind to gratify him as a joke. He did finally secure the privilege—and, mark, it was a privilege—of holding religious services fortnightly in the prison at Düsseldorf. He associated himself with others in agitation and efforts to devise ways and means towards reform, and in 1826 was organized the first Prison Reform Society in Germany. It was early felt by Fliedner that if great good was to be achieved the work could not stop at improvement in prison care, but the hand of encouragement must be extended to the convict as she passed out of the prison gate, not in a sentimental, but in a practical way.

We should also understand that our young pastor had taken a wife, and the cares incident to a growing family must have pressed upon him, but in his garden was a summer-house, which with his own hands he converted into a shelter from cold and storm, and in 1833 he virtually said to a poor Magdalen as she passed from the prison, "Follow me, and I will find a home for you." The work having been begun in this way, the needs of the sick poor of the vicinity came pressing on him, so that he began to plan for their care, and the scheme grew into a small hospital installed in an abandoned velvet factory. No mawkish sentimen-

tality came into Fliedner's mind or plans, and we may even believe that he showed at times a measure of German bluntness, and once at least of rudeness. His prison waifs could not at first be given tasks implying confidence,—they must win their way through humble service to such position of trust and work as their efforts and abilities could earn,—but he found employment for them in domestic affairs in connection with his hospital, and though doubtless he must have seen failures in the refractory material composing the convict class, he had many triumphs in this fight for godliness and righteousness.

To his practical mind one of the crying needs in administration was to supply intelligent and devoted service in the nursing department of the hospital.

Again attention is called to the fact that skilled nursing did not then exist. Not only was there no opportunity for nurses to secure a training, but only persons of inferior mental or social standing could usually be found to care for the sick, aside from the limited field occupied by the Sisters of Charity, and even with them there was no systematic training. However wealthy or refined the patient might be, however great might be the need for gentle, intelligent, and skilled care, it could not be had. This defect our German organizer saw, but only in so far as it applied to institutional care, for he even probably failed to grasp how his work would grow and deepen into the result that now allows in so many households the comfort and help of trained nursing.

In considering the problems connected with this need, Fliedner concluded that a combination of ecclesiastical motive with practical training would secure the best result, hence his idea of reviving the early established but long disused order of deaconesses.

To this work he invited Lutheran women, creating for them an order, establishing for them a home, and providing for them a system of training. One of the fundamental principles in his scheme was obedience, that the nurse-sister should go and come and do as was ordered by her superior, and that without question or comment so long as it was in the line of duty. The organization vows of the deaconesses pledged them to the care of the poor, the sick, and the young. Their vows were not made in perpetuity, but it is probable that to the Protestant mind this was rather an element of strength and growth.

In 1836 his small hospital and deaconesses' home were opened, to which was soon added an infant school, then a training-school for teachers in infant classes. In 1842 an orphanage for orphan girls of the middle class and in 1847 an asylum for lunatic women were opened.

The home for deaconesses that he founded at Kaiserwerth soon ceased to be alone, for Fliedner's activities extended beyond the con-

fines of his little parish, and he gave personal attention and assistance in the establishment and management elsewhere of institutions like his own.

In 1849 he resigned his pastoral work, the duties of which had been conscientiously discharged up to that time, and for two years travelled extensively in Europe, Asia, and America to establish what was termed "Mother Houses," *i.e.,* homes for the deaconesses, from which their actual work could be done, and from which daughter houses might bud and fruit. His last work is even poetical in its denomination, being the establishment at Kaiserwerth of the "House of Evening Rest" for those deaconesses who had passed the period of active duty.

In 1864 death terminated the labors of this remarkable man, but there then existed over one hundred establishments or stations with four hundred and thirty deaconesses, from Jerusalem in the East to the prairie cities of our own country.

It is probable that he took little interest in the theological problems that stirred Germany during his active lifetime, and the fact that he was a Lutheran was an incident of birth and nationality. Such a character is not the product of any ecclesiastical organization, but one who has his gifts and the opportunity will do good work in any land and under any religion. His was eminently the religion of deeds, and his life exemplifies the truth of the adage, "*Laborare est orare.*"

(To be continued.)

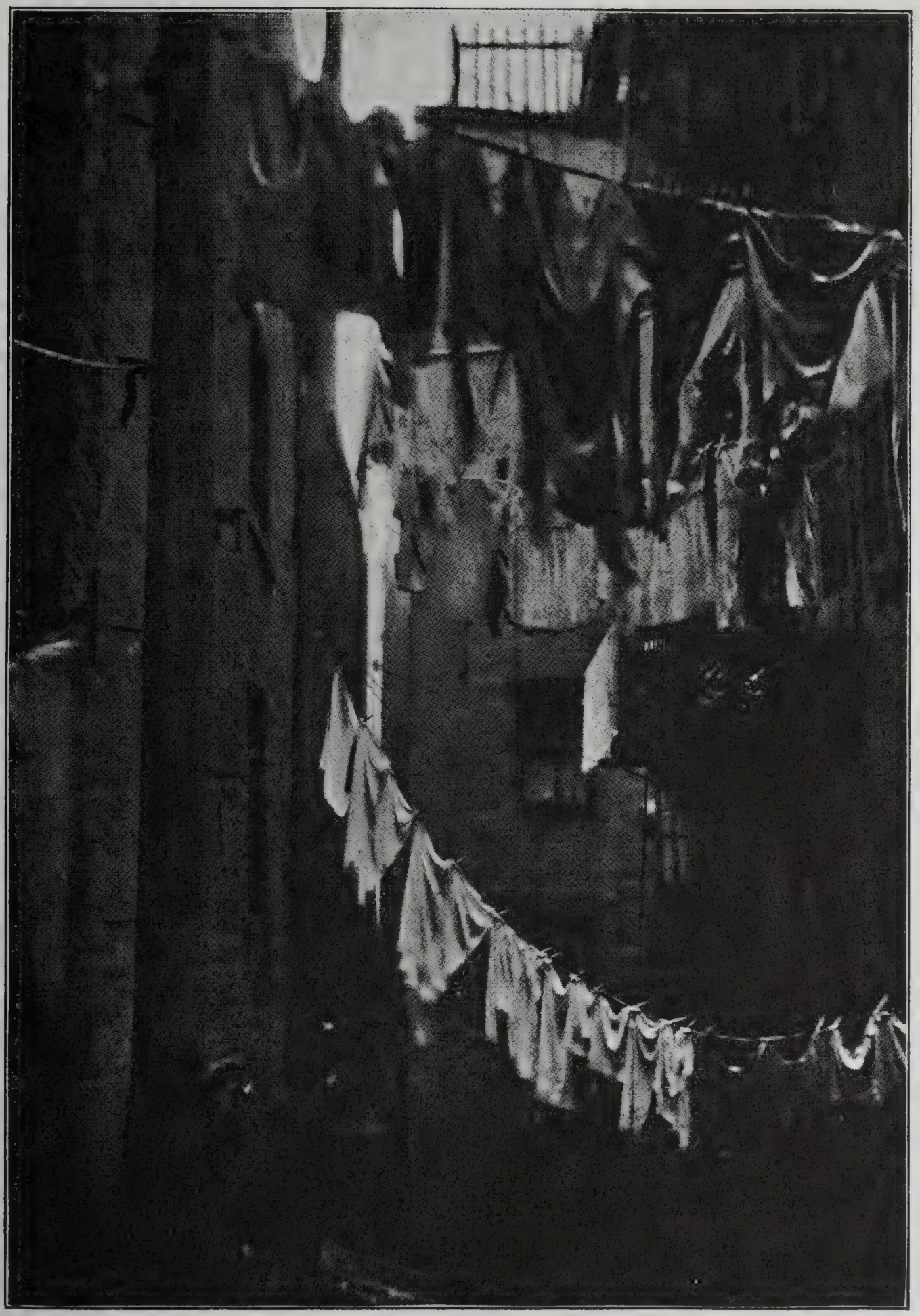
EXTRACTS FROM THE REPORT OF THE TENEMENT-HOUSE COMMISSION, NEW YORK, 1901

By L. L. DOCK

(By permission)

Of all the great social problems of modern times incident to the growth of cities none is claiming public attention in a greater degree than that of the housing of the working people. Mere housing, however, —that is, merely providing shelter,—does not solve this problem. It only aggravates it by herding men and women together under conditions which inevitably tend to produce disease and crime. . . .

In most cities the housing problem is the problem of the small house rather than of the large tenement. . . . In New York, however, as in no other city in the land, it is the problem of the tenement-house,—the five-, six-, or even seven-story building, usually on a lot twenty-five feet in width and with as many as four families on each floor. . . .



A TYPICAL "BACK YARD," NEW YORK CITY

(See article on the Report of the Tenement-House Commission, 1901)

The housing problem is not a new question. It began to claim attention in England and in this country in the early part of the nineteenth century. . . . So much effort has been expended in European cities to remedy the evils of bad housing, that the commission had hoped to find in such cities useful suggestion and precedent. . . . Study in this direction has demonstrated beyond question that it is in New York that the most serious tenement-house problem in the world is to be found. . . .

THE TYPICAL NEW YORK TENEMENT.

It is known as the "double-decker," "dumb-bell" tenement, a type which New York has the unenviable distinction of having invented. It is a type unknown to any other city in America or Europe.

It is a building usually five or six or even seven stories high, about twenty-five feet wide, and built upon a lot of the same width and about one hundred feet deep. The building as a rule extends back ninety feet, leaving the small space of ten feet unoccupied at the rear, so that the back rooms may obtain some light and air. This space has continued to be left open only because the law has compelled it. Upon the entrance floor there are usually two stores, one on each side of the building, and these sometimes have two or three living-rooms back of them. In the centre is the entrance hallway, a long corridor less than three feet wide and extending back sixty feet in length. This hallway is nearly always totally dark, receiving no light except that from the street door and a faint light that comes from the small windows opening upon the stairs, which are placed at one side of the hallway.

Each floor above is generally divided into four sets of apartments, there being seven rooms on each side of the hall extending back from the street to the rear of the building. The front apartments generally consist of four rooms each and the rear apartments of three, making altogether fourteen rooms upon each floor, or in a seven-story house eighty-four rooms, exclusive of the stores and rooms back of them.

Of these fourteen rooms on each floor only four receive direct light and air from the street or from the small yard at the back of the building. Generally, along each side of the building is what is termed an "air-shaft," being an indentation of the wall to a depth of about twenty-eight inches, and extending in length for a space of from fifty to sixty feet. The shaft is entirely enclosed on four sides, and is, of course, the full height of the building, often from sixty to seventy-two feet high.

The ostensible purpose of the shaft is to provide light and air to the five rooms on each side of the house which get no direct light and air from the street or yard; but as the shafts are narrow and high, being enclosed on all sides and without any intake of air at the bottom,

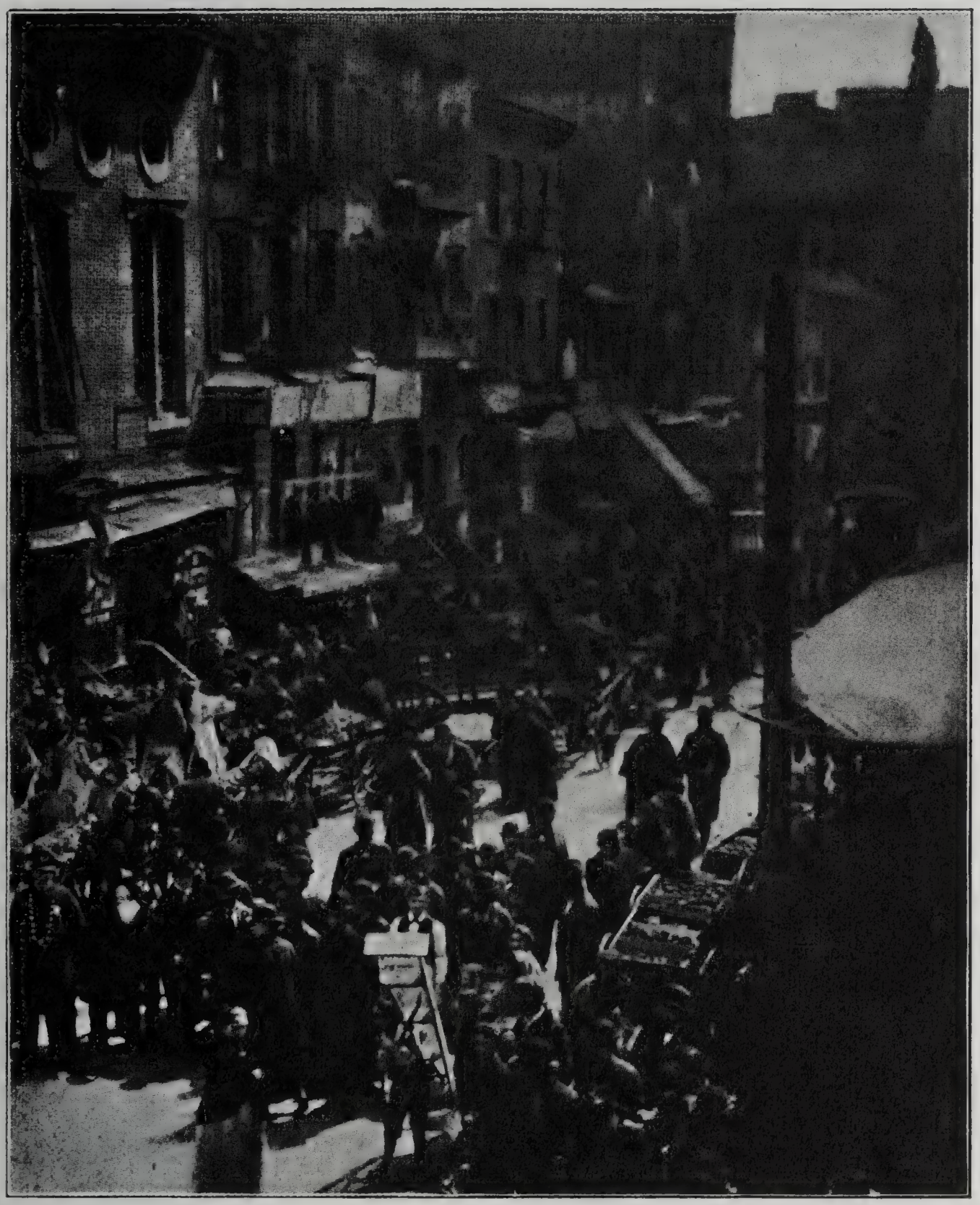
these rooms obtain, instead of fresh air and sunshine, foul air and semi-darkness. Indeed, it is questionable whether the rooms would not be more habitable and more sanitary with no shaft at all, and depending for their light and air solely upon the front and back rooms into which they open, for each family, besides having the foul air from its own rooms to breathe, is compelled to breathe the emanations from the rooms of some eleven other families. Nor is this all; these shafts act as conveyers of noise, odors, and disease, and when fire breaks out serve as inflammable flues, often making it impossible to save the building from destruction.

A family living in such a building pays for four rooms of this kind a rent of from twelve dollars to eighteen dollars a month. Of these four rooms only two are large enough to be deserving of the name of rooms. The front one is generally about ten feet six inches wide by eleven feet three inches long; this the family use as a parlor, and often at night, when the small bedrooms opening upon the "air-shaft" are so close and ill-ventilated that sleep is impossible, mattresses are dragged upon the floor of the parlor, and there the family sleep, all together in one room. In summer the small bedrooms are so hot and stifling that a large part of the tenement-house population sleep on the roofs, the sidewalks, and the fire-escapes.

The other room, the kitchen, is generally the same size as the parlor, on which it opens, and receives all its light and air from the "air-shaft," or such a supply of it as may come in from the front room. Behind these two rooms are the bedrooms, so called, which are hardly more than closets, being each about seven feet wide and eight feet six inches long, barely large enough to contain a bed.

These rooms get no light and air whatever except that which comes from the "air-shaft," and except on the highest stories are generally almost entirely dark. Upon the opposite side of the public hall is an apartment of four exactly similar rooms, and at the rear of the building there are, instead of four rooms on each side, but three, one of the bedrooms being dispensed with. For these three rooms in the rear the rent is usually, throughout the city, from ten dollars to fifteen dollars a month. In the public hallways, opposite the stairs, there are provided two water-closets, each one being used in common by two families, and being lighted and ventilated by the "air-shaft," which also lights and ventilates all the bedrooms.

It is not to be wondered at, therefore, that the tenement-house system has become fraught with so much danger to the welfare of the community. . . . There is hardly a tenement-house in which there has not been at least one case of pulmonary tuberculosis within the last five years,



THE MOST DENSELY POPULATED SPOT IN THE WORLD, HESTER STREET, NEW YORK CITY

(See article on the Report of the Tenement-House Commission, 1901)

and in some there have been as many as twenty-two different cases of this terrible disease. . . . From the tenements comes a stream of sick, helpless people to the hospitals and dispensaries, few of whom are able to afford the luxury of a private physician, and some houses are in such bad sanitary condition that few people can be seriously ill in them and get well. . . . The most terrible of all the features of tenement-house life in New York, however, is the indiscriminate herding of all kinds of people in close contact; the fact that, mingled with the drunken, the dissolute, the diseased, dwell the great mass of the respectable workingmen of the city with their families.

(To be continued.)

EARLY STRUGGLES WITH CONTAGION

By ELLEN LA MOTTE
Johns Hopkins Hospital

Old as the history of civilization is the history of the great diseases that have preyed upon mankind. The most ancient records, the works of the earliest historians, contain accounts of great plagues and pestilences which were subject to neither check nor bound, and which, once started, would sweep through whole communities or countries until the supply of victims was exhausted. These diseases were originated in and cultivated by a total lack of the commonest laws of hygiene; they were combated only by the religious rites and impotent methods of ignorance, and further increased and propagated by the commercial activity of nations.

Leprosy was rife. It is one of the oldest of known diseases, having existed in Egypt some three or four thousand years before Christ. During the Middle Ages the number of lazar houses in Europe alone is estimated at twenty thousand; the number of individual cases and of separated colonies must therefore have brought the aggregate up to enormous figures. It was a disease that attacked rich and poor alike, and was met with everywhere in the civilized world.

The plague, or, as we now call it, bubonic plague, was perhaps the most terrible of all these diseases. It has been known to history since the second century, A.D., and from the sixth to the seventeenth century prevailed throughout Europe in epidemics of varying intensity. London seemed particularly subject to it. On an average of every decade or so, though sometimes as often as every three or four years, and again at intervals of twenty or thirty, there would be outbreaks of more or

less severity. The climax was reached, however, in the great plague of 1665, in which a hundred thousand people are supposed to have perished.

But probably the most virulent, as well as the most fatal, of all of these diseases was small-pox. It was known in China for several hundred years before Christ, and became widespread throughout Europe at the time of the Crusades. It was first brought to America by the Spanish conquerors in the sixteenth century. Leprosy could be controlled by segregation; the plague confined itself to epidemics, tremendous enough, some of them, but with periods of practical quiescence between the outbreaks, but small-pox was ever present in the community, as much a recognized factor as tuberculosis or pneumonia is in our day. At times it broke out into epidemics more or less severe, but it prevailed for the most part as an enormous, ever-present source of danger. A most conservative estimate placed the annual mortality in London as late as the period between the years 1760 and 1800 at from two to five thousand per million living. No one was safe. Its presence was as familiar in the King's household as in the humblest laborer's; all classes and conditions of men were impartially smitten and decimated by this terrible disease.

In the year 1716 there was living in London a woman famed as the cleverest and most beautiful of the day. She was Lady Mary Wortley Montagu, a duke's daughter, "a great figure in a great society," a woman of influence and enthusiasm. In common with the majority of people in those days, she also had been a victim to small-pox, which "had deprived her of very fine eyelashes," though this fact does not seem to have marred her beauty. Her husband, Mr. Wortley Montagu, being at this time appointed ambassador to Turkey, she decided to accompany him to the Porte, undertaking thereby a journey which no woman, and very few men, had ever before attempted. To travel across the continent of Europe, through countries unsettled by wars, infested by robbers, over roads difficult and dangerous, was an act unprecedented. The effect was naturally heightened by Lady Montagu's rank and position, and the interest in the undertaking was further increased and sustained by a series of letters which she wrote at various points along the route, and which excelled in wit and force even in those days when letter-writing was a fine art.

It is in one of these, written at Constantinople, April 1, 1717, that we first find mention of that custom of inoculation that was soon to become so inseparably associated with her name:

"I am going to tell you a thing that will make you wish yourself here. The small-pox, so fatal and so general amongst us, is here entirely

harmless by the invention of engrafting, which is the term they give it. There is a set of old women who make it their business to perform the operation every autumn, in the month of September, when the great heat is abated. People send to one another to know if any of their family has a mind to have the small-pox; they make parties for this purpose, and when they are met (commonly fifteen or sixteen together), the old woman comes with a nutshell full of the matter of the best sort of small-pox and asks what veins you please to have opened. She immediately rips open that you offer to her with a large needle (which gives you no more pain than a common scratch), and puts into the vein as much matter as can lie upon the head of her needle, and after that binds up the little wound with a hollow bit of shell."

Lady Montagu then describes a custom of the Greeks, who have a vein opened in the forehead, one in the breast, and one in each arm, to mark the sign of the cross, but, as she naïvely concludes, "this has a very ill effect, all these wounds leaving little scars, and is not done by those who are not superstitious, who choose to have them in the legs, or that part of the arm that is concealed." She then further declares her intention of trying this experiment on her little son, and of bringing this "useful invention" into fashion upon her return to England.

Her estimate of her ability in this direction was not mistaken. Upon her return in 1718 her little daughter was inoculated, as was the child of a London physician, and the physician of the embassy inoculated in London under her patronage. An account of the "practices and advantages" of the custom was sent to persons in the British Court, and at this moment the Princess Anne was seized with a most opportune attack of small-pox. Experiments were hastily made on some condemned criminals, and by the consent of the King, George I., the new discovery was then successfully practised upon her.

We can imagine Lady Montagu's delight. Yet, notwithstanding these successes and the ardor with which she propagated her new faith, the practice gained popularity very slowly. We find Steele congratulating Lady Mary on the "godlike delight of saving many thousand British lives," yet as a matter of fact, for the first eight years after its introduction only eight hundred and forty-five persons had been inoculated.

By 1740 the custom had fallen into neglect or disuse. It was revived from time to time as fresh impetus was given by favorable reports of its practice, but for the most part, though of recognized value, was not to a great extent made use of. The reason for this was obvious. By inoculation small-pox was rendered milder and safer for the individual, but extensively spread throughout the community, since

a person suffering from the milder, inoculated form was as great a source of danger as if he had contracted the disease by natural methods. Calculations based on periods of forty years each before and after its introduction show the mortality to be seventy-two to the thousand before and eighty-nine to the thousand after the custom came into use—a sufficient increase to make it of very doubtful benefit. In Spain it was prohibited entirely. In France it was encouraged till a violent outbreak of small-pox resulted, when its use was abolished by law. In Germany and Russia it was resorted to in desultory fashion, but towards the close of the century the consensus of opinion seemed to be strongly against its use.

For many generations a belief had obtained in rural England that a person having an attack of cow-pox, a disease frequent among cattle, was protected against other contagion of small-pox. So prevalent was this belief that we even find a farmer, Benjamin Jesty, inoculating his wife and two children with cow-pox virus in the year 1770, at a time when the usual small-pox inoculation was much discredited. These farmers' tales, or superstitions, as they were considered, came to the ears of Edward Jenner, born in 1749, and at this time a youth of seventeen or so, and apprenticed to a country physician for the purpose of studying medicine. A young woman came in to consult his master one day, and at the mention of small-pox exclaimed, "I cannot take that disease—I have had cow-pox."

This remark made a deep impression on Jenner's mind. Two years later, when he was about twenty, he went to London to study medicine under the great Hunter, and to him he repeated this and similar other incidents that showed the common belief of the country folk. In return, Hunter's famous "Do not think, but try; be patient, be accurate," was the reply which stimulated all the years of careful study which were to follow.

Jenner remained in London for two years, at the end of which time he returned to his native Gloucestershire to take up the life of a simple country physician, but at the same time never to lose sight of the problem that he was determined to solve. He was himself convinced of the value of this as early as 1780, and the medical societies to which he belonged voted him a bore for his constant introduction of his favorite topic. But at last, at the end of sixteen years of slow investigation, he was able to make the first practical demonstration of his wonderful discovery. In 1796 he took virus from the hand of a dairymaid affected with cow-pox and introduced it into the hand of a young boy, who a few weeks later was inoculated with small-pox virus and successfully resisted the disease. Similar experiments were later performed on a

hundred children, all of whom resisted subsequent small-pox inoculations, and in 1798 the famous treatise appeared, entitled "An Inquiry into the Cause and Effects of the Variola Vaccinæ, a Disease discovered in some of the Western Counties of England and known by the Name of Cow-pox."

Jenner's report attracted widespread attention. Vaccination rapidly came into use, and with its success the usual disputes common in such cases as to the priority of its discovery, followed later by attempts to cast utter discredit upon its value. Notwithstanding these controversies, however, the credit of the discovery remained where it belonged, and Jenner found himself the most famous man of the day, obtaining a recognition and distinction which no physician, before or since, has ever received.

The practice of vaccination is now almost general throughout the civilized world. Of its actual value little need be said. Owing to the disappointment, however, which followed the high hopes at first entertained, that by its use permanent immunity was assured, and in addition the unfortunate development of certain diseases through the use of impure lymph, violent reactions in public sentiment have from time to time arisen. Even to-day, when statistics seem to prove that a decrease in small-pox is directly proportionate to the thoroughness with which vaccination is carried out, there still exists large communities in which the custom is prohibited either by law or popular prejudice, and we find the opinions of the "anti-vaccinationists" supported by those of many educated and intelligent men.

Despite, however, this hostile sentiment, which for a century has continued, though it fortunately has not grown in proportion to the favor with which vaccination has been received, the value of the discovery is placed beyond dispute by the opinion of the great majority of physicians and laity throughout the world. This, together with the recent protective discoveries of our own day, and aided by the results attained by segregation and by the natural growth of better sanitation and hygiene, is bringing us within sight of the day when those diseases which for centuries have held humanity in subjection shall themselves be brought into subjection and under control.

References

Baron's "Life of Jenner."
Lady Montagu's "Letters."
Russell's "The Wonderful Century."
Gentleman's Magazine, September, 1757.
Edinburgh *Review*, October, 1806. Dr. Willan on "Vaccination."
Osler's "Practice of Medicine."
Encyclopædias, British and American.
"London," by Walter Besant.

METHODS OF DISINFECTION RECOMMENDED BY THE DEPARTMENT OF HEALTH OF THE CITY OF NEW YORK

DISINFECTION AND DISINFECTANTS

SUNLIGHT, pure air, and cleanliness are always very important agents in maintaining health and in protecting the body against many forms of illness. When, however, it becomes necessary to guard against such special dangers as accumulated filth or contagious diseases, disinfection is also essential. In order that disinfection shall afford complete protection, it must be thorough, and perfect cleanliness is better, even in the presence of contagious disease, than poor disinfection.

All forms of fermentation, decomposition, and putrefaction, as well as the infectious and contagious diseases, are caused by minute living germs. The object of disinfection is to kill these germs. Decomposition and putrefaction should at times be prevented by the immediate destruction or removal from the neighborhood of the dwelling of all useless putrescible substances. Impure air, especially air from sewers, cesspools, putrefactive matter, etc., causes conditions in man which are very favorable to the contraction of contagious diseases.

In order that the sick-room shall be readily kept clean and as free as possible from the germs causing the infectious diseases, it is important that all articles not necessary for immediate use in the care of the sick person, especially upholstered furniture, carpets, curtains, and bric-a-brac, should be removed from the room to be occupied by the sick person. If another room has already been occupied, it must be disinfected.

AGENTS FOR CLEANSING AND DISINFECTION

Too much emphasis cannot be placed upon the importance of sunlight, fresh air, and cleanliness, both as regards the person, the dwelling, and its surroundings, in preserving health and protecting the body from all kinds of disease. Sunlight and fresh air should be freely admitted through open windows, and personal cleanliness should be attained by frequently washing the hands and body.

Cleanliness in dwellings and other places may, under ordinary circumstances, be maintained by the use of the three following solutions:

1. SOAPSUDS SOLUTION.—For simple cleansing, or for cleansing before or after the methods of disinfection by chemicals described below, one ounce of common washing soda should be added to twelve quarts of hot soap (soft soap) and water.

2. STRONG SODA SOLUTION.—This, which is a stronger and more effective cleansing solution, is made by dissolving one-half pound of

common washing soda in three gallons of hot water. The solution thus obtained should be applied by scrubbing with a hard brush.

3. Weak Soda Solution.—This is made by dissolving one ounce of common washing-soda in twelve quarts of hot water.

When it becomes necessary to arrest putrefaction or to prevent the spread of contagious diseases by killing the living germs which cause them, more powerful agents must be employed than those required for simple cleanliness, and these are called disinfectants. The following are some of the most reliable disinfectants:

4. Heat.—Complete destruction by fire is the best method of disposing of infected articles of small value; but continued high temperatures not as great as that of fire will destroy all forms of life. Thus, boiling or steaming in closed vessels for one-half hour, or boiling in the weak soda solution in open vessels for the same time, will destroy all disease germs. Dry heat is not so effective a germ destroyer as moist heat, except at much higher temperatures, which will destroy or injure many combustible materials.

5. Carbolic Acid Solution—Lysol-Creolin.—Dissolve six ounces of carbolic acid in one gallon of hot water. This makes approximately a five per cent. solution of carbolic acid, which for many purposes may be diluted with an equal quantity of water. Great care must be taken that the pure acid does not come in contact with the skin, as it is very corrosive. The commercial colored impure carbolic acid should not be used in watery solutions, as it contains a large percentage of cresol, which is insoluble in water and has therefore little value. The two alkaline solutions of cresol, named lysol and creolin, are strong disinfectants and non-corrosive, and can be used in place of the solutions of carbolic acid of equal strength.

6. Bichloride Solution (*bichloride of mercury or corrosive sublimate*).—Dissolve sixty grains of pulverized corrosive sublimate and two tablespoonfuls of common salt in one gallon of hot water. This makes approximately a 1 to 1000 solution. This solution must be kept in glass, earthen, or wooden vessels (not in metal vessels), and is not to be used for disinfecting metal articles.

The carbolic and bichloride solutions are very poisonous when taken by the mouth, but are harmless when used externally.*

* The cost of the carbolic solution is much greater than that of the other solutions, but generally this solution is to be much preferred. When the cost is an important element, the bichloride solution may be substituted for all purposes for which the carbolic solution is recommended, except for the disinfection of discharges, eating utensils, and articles made of metal, and of clothing, bedding, etc., which is very much soiled. Its poisonous character must be kept constantly in mind.

7. Milk of Lime.—This mixture is made by adding one quart of dry freshly slaked lime to four or five quarts of water. (Lime is slaked by pouring a small quantity of water on a lump of quick-lime. The lime becomes hot, crumbles, and as the slaking is completed a white powder results. The powder is used to make milk of lime.) Air-slaked lime has no value as a disinfectant.

8. Dry Chloride of Lime.—This must be fresh and must be kept in closed vessels or packages. It should have the strong pungent odor of chlorine.

Chlorinated Lime Solution.—This solution is made by adding six ounces of fresh chloride of lime, having a strong odor of chlorine, to one gallon of water. It must be well mixed and should be prepared one hour before using. This solution, when fresh, is a reliable disinfectant and deodorizer.

9. Formalin.—This is a forty per cent. solution of formaldehyde gas in water. It is, in a five per cent. solution, an efficient disinfectant and deodorizer. A method which gives fairly efficient results is to hang large cloths (sheets) in the room and sprinkle or spray them with formalin, as recommended by the Chicago Health Department. For each one thousand cubic feet of space in the room ten ounces of formalin should be used.

10. Sulphurous Acid Gas (the gas produced by burning sulphur) is a fairly efficient germicide under certain definite conditions. These conditions are, in brief, that all the germs should be freely exposed to the gas in a tightly closed room for at least eight hours, that the air of the room should be moist, and that the amount of gas should be that generated by burning at least three pounds of sulphur for every one thousand cubic feet of air-space.

The proprietary disinfectants which are so often widely advertised, and whose composition is kept secret, are relatively expensive and often unreliable and inefficient. It is important to remember that substances which destroy or disguise bad odors are not necessarily disinfectants.

METHOD OF DISINFECTION IN INFECTIOUS AND CONTAGIOUS DISEASES

The most important diseases to be guarded against by disinfection are scarlet fever, measles, diphtheria, tuberculosis (consumption), smallpox, typhoid and typhus fever, yellow fever, and cholera.

1. Hands and Person.—Dilute the carbolic acid, lysol, or creolin solutions with an equal amount of water, or use the bichloride solution

without dilution. Hands soiled in caring for persons suffering from contagious diseases or soiled portions of the patient's body should be immediately washed with one of these solutions, and then thoroughly washed with soap and water. The nails should always be kept perfectly clean with a brush or nail-cleaner. Before eating the hands should be first washed in one of the above solutions, then thoroughly scrubbed with soap and water by means of a brush, and finally dipped again in the disinfectant.

2. Soiled Clothing, Towels, Napkins, Bedding, etc., should be immediately immersed, in the sick-room, in boiling water for one half hour or in the carbolic solution for twelve hours. They can then be wrung out and washed in the usual way. Articles such as beds, woollen clothing, etc., which cannot be washed should be referred to the Health Department for disinfection or destruction.

3. Food and Drink.—Food thoroughly cooked and drinks that have been boiled are free from disease germs. Food and drinks, after cooking or boiling, if not immediately used, should be placed when cool in clean dishes or vessels and covered. In presence of an epidemic of cholera or typhoid fever, milk and water used for drinking, cooking, washing dishes, etc., should always be boiled before using, and when cholera is prevalent all persons should avoid eating uncooked fruit, fresh vegetables, and ice.

4. Discharges of all kinds, from the Mouth, Nose, Bladder, and Bowels of patients suffering from contagious diseases should be received into glass or earthen vessels containing the carbolic solution or milk of lime, or they should be removed on pieces of cloth, which are immediately burnt or immersed in one of these solutions. Special care should be observed to disinfect at once the vomited matter and the intestinal discharges from cholera patients, as these alone contain the dangerous germs. In typhoid fever the intestinal discharges and urine, and in diphtheria, measles, and scarlet fever the discharges from the throat and nose, all bring about infection and should be treated in the same manner. The volume of the solution used to disinfect discharges should be, with the carbolic solution at least twice as great as that of the discharge, or with milk of lime from four to five times as great. After standing for an hour or more, the disinfecting solution, with the discharges, may be thrown into the water-closet. Cloths, towels, napkins, bedding, or clothing soiled by the discharges must be at once placed in the carbolic solution and the hands of the attendants disinfected as described above. In convalescence from measles and scarlet fever the scales from the skin (peeling) are also carriers of infection. To prevent

the dissemination of disease by means of these scales the skin should be carefully washed daily in warm soap and water. The external use of vaseline for the same purpose is recommended. After use the soapsuds should be thrown into the water-closet and the vessel rinsed out with carbolic solution.

The ordinary house filtration of water does not remove all the germs of disease and cannot be depended upon to render the water safe in time of danger.

The intestinal discharges (feces) need special treatment on account of the difficulty with which the disinfectant fluids penetrate to all portions. To thoroughly disinfect a mass of feces it is necessary to add to it double its amount of one of the strong disinfecting solutions and allow it to soak for twelve hours. If desired to hasten the process, the fecal matter covered by a carbolic acid or formalin solution can be thoroughly mixed with the disinfectant, allowed to stand for one hour, or thoroughly disinfected by boiling for thirty minutes.

5. The Sputum from Consumptive Patients.—The importance of the proper disinfection of the sputum (expectoration) from consumptive patients is little understood. Consumption is a contagious disease, and is always the result of transmission from the sick to the healthy or from animals to man. The sputum contains the germs which cause the disease, and in great majority of cases is the source of infection. After being discharged, unless properly disposed of, it may become dry and pulverized and float in the air as dust. This dust contains the germs and is the common cause of the disease through inhalation. In all cases therefore the sputum should be disinfected when discharged. It should be received into covered cups containing the carbolic, lysol, or formalin solutions. Handkerchiefs soiled by it should be burned, or soaked in the carbolic solution and then boiled. Dust from the walls, mouldings, pictures, etc., in rooms that have been occupied by consumptive patients contains the germs and will produce tuberculosis in animals when used for their inoculation. Therefore rooms should be thoroughly disinfected before they are again occupied. Rooms in which consumptives are living should never be dusted with a dry cloth or brush, but should always be cleansed by wiping furniture, mantels, etc., with a damp cloth. This cloth should afterwards be burnt or disinfected by soaking it in the carbolic or chlorinated lime solution or by boiling in the weak soda solution for half an hour. Carpets should be thoroughly swept with a broom wrapped in a damp cloth, the latter being afterwards disinfected as above. If the sputum of all consumptive patients were destroyed at once when discharged, a large proportion of the cases of the disease would be prevented.

6. Closets, Kitchen and Hallway Sinks, etc.—Each time the closet is used for infected discharges one pint of the carbolic solution should be poured into the pan (after it has been emptied) and allowed to remain there. All discharges should be disinfected carefully before being thrown into the closet. Sinks should be flushed at least once daily.

7. Dishes, Knives, Forks, Spoons, etc., used by a patient should be kept for his exclusive use and not removed from the room. They should be boiled or washed first in the carbolic solution, then in hot soap-suds, and finally rinsed in hot water. These washing fluids should afterwards be thrown into the water-closet. The remains of the patient's meals may be burned or thrown into a vessel containing one of the disinfectant solutions and allowed to stand for one hour before being thrown away.

8. Rooms and their Contents.—Rooms which have been occupied by persons suffering from contagious disease should not be again occupied until they have been thoroughly disinfected by the Health Department and renovated by the owner. For this purpose either careful fumigation with sulphur or formaldehyde gas will be employed, or one of these combined with the following procedure: Carpets, curtains, and upholstered furniture which have been soiled by discharges, or which have been exposed to infection in the room during the illness, will be removed for disinfection by steam. Woodwork, floors, and plain furniture will be thoroughly washed with the soapsuds and bichloride solutions.

Books, leather articles, and those which are readily discolored will be removed by the Department and disinfected by exposing them for twelve hours to formaldehyde vapor in a small chamber.

9. Rags, Clothes, and Articles of Small Value which have been soiled by discharges from the patient or infected in other ways should be burned.

10. In Case of Death, the body should be completely wrapped in several thicknesses of cloth wrung out of the carbolic or bichloride solution and placed in an hermetically sealed coffin.

If notified, the Department of Health of New York City will disinfect rooms and their contents without cost to the tenant after the rooms have been vacated by persons convalescent from any contagious disease. Notification should be sent to the Chief Inspector of Contagious Diseases, Sixth Avenue and Fifty-fifth Street. Telephone Call, No. 1204 Columbus.

It is important to remember that an *abundance of fresh air, sunlight, and absolute cleanliness* not only helps protect the attendants from

infection, but also aids in the recovery of the sick. Sunlight is one of the most effective disinfectants known, killing all germs directly exposed to it within a few hours.

METHODS OF CLEANLINESS AND DISINFECTION TO PREVENT THE OCCURRENCE OF ILLNESS

1. Water-Closet Bowls and all Receptacles for Human Excrement should be kept perfectly clean by frequent flushing with a large quantity of water, and as often as necessary disinfected with the carbolic or chlorinated lime solutions. The woodwork around and beneath them should be frequently scrubbed with the hot soapsuds solution.

2. Sinks and the Woodwork around and the Floor beneath them should be frequently and thoroughly scrubbed with the hot soapsuds solution.

3. School Sinks.—School sinks should be thoroughly flushed with a large quantity of water at least twice daily, and should be carefully cleaned twice a week or oftener by scrubbing. Several quarts of the carbolic or chlorinated lime solutions should be frequently thrown in the sink after it has been flushed.

4. Cesspools and Privy Vaults.—An abundance of milk of lime, dry chloride of lime, or chlorinated lime solution (at least four times the amount of the excreta to be disinfected) should be thrown into these daily, and their contents should be frequently removed.

5. Cellars and Rooms in Cellars are to be frequently whitewashed, and, if necessary, the floors sprinkled with fresh, dry chloride of lime. Areas and Paved Yards should be cleaned, scrubbed and, if necessary, washed with the bichloride solution. Street Gutters and Drains should be cleaned and when necessary sprinkled with chloride of lime or washed with milk of lime.

6. Air-Shafts.—Air-shafts should be first cleaned thoroughly and then whitewashed. To prevent tenants throwing garbage down air-shafts, it is advisable to put wire netting outside of windows of apartments opening on shafts. Concrete or asphalt bottoms of shafts should be cleaned and washed with the bichloride solution, or sprinkled with chloride of lime.

7. Hydrant Sinks, Garbage Receptacles, and Garbage and Oyster-Shell Shutes and Receptacles should be cleaned daily and sprinkled with dry chloride of lime.

8. Refrigerators and the Surfaces around and beneath them, Dumb-Waiters, etc., may be cleaned by scrubbing them with the hot soapsuds solution.

9. Traps.—All traps should be flushed daily with an abundance of

water. If at any time they become foul, they may be cleaned by pouring considerable quantities of the hot strong soda solution into them, followed by the carbolic solution.

10. URINALS AND THE FLOORS AROUND AND UNDERNEATH THEM should be cleaned twice daily with the hot soapsuds solution, and in addition to this, if offensive, they may be disinfected with the carbolic solution.

11. STABLE FLOORS AND MANURE VAULTS.—Stable floors should be kept clean and occasionally washed with hot soapsuds or the hot strong soda solution. Powdered fresh chloride of lime may be used in manure vaults.

12. VACANT ROOMS should be frequently aired.

13. THE WOODWORK IN SCHOOL-HOUSES should be scrubbed weekly with hot soapsuds. This refers to floors, doors, door-handles, and all woodwork touched by the scholars' hands.

14. SPITTOONS IN ALL PUBLIC PLACES should be emptied daily and washed with the hot weak soda or soapsuds solution, after which a small quantity of the carbolic solution or milk of lime should be put in the vessel to receive the expectoration.

15. ELEVATED AND SURFACE CARS, FERRY-BOATS, AND PUBLIC CONVEYANCES.—The floors, door-handles, railings, and all parts touched by the hands of passengers should be washed frequently with the hot weak soda or in the soapsuds solution. Slat-mats from cars, etc., should be carefully cleaned by scrubbing with a stiff brush in the hot soapsuds solution.

USE OF BROMINE SOLUTION AS A DEODORANT.

SLAUGHTER-HOUSES, BUTCHERS' ICE-BOXES AND WAGONS, TRENCHES, EXCAVATIONS, STABLE FLOORS, MANURE VAULTS, DEAD ANIMALS, OFFAL, OFFAL DOCKS, etc., may be deodorized by a weak solution of bromine, which is a valuable agent for this purpose. The bromine solution, however, is only temporary in its action and must be used repeatedly. It should be applied by sprinkling. Although somewhat corrosive in its action on metals, it is otherwise harmless.*

*** The solution of bromine must be prepared with great care, as the pure bromine from which it is made is dangerous. It is very caustic when brought in contact with the skin; it is volatile and its fumes are extremely irritating if inhaled. In preparing this solution in large quantities, a pound bottle of bromine should be dropped into a barrel containing forty or fifty gallons of water and then broken under water with an iron bar. The solution is completed by thoroughly stirring. To prepare a smaller quantity an ounce bottle of bromine may be dropped into a pail containing three or four gallons of water and broken in the same way and with the same care.**

CONCLUSION.

The general principles of disinfection outlined in this circular may be applied for the disinfection of all articles not specifically treated of, and which are similar in character to those considered.

By order of the Board of Health.

MICHAEL C. MURPHY,
President.

C. GOLDERMAN,
Secretary *pro tem.*

[The Board of Health of New York City requires that all infectious and contagious cases shall be reported, and in the crowded districts these cases are to be visited, and a placard placed upon the door, warning visitors not to enter. After the disease is over the Health Officers come and fumigate if the family circumstances are such that they cannot do this themselves. They will also, on request, sterilize or destroy infected bedding. A list of the houses where contagious diseases are reported is prepared daily and sent to all schools, day nurseries, and similar places, or to any one wishing it. A leaflet is also printed in English, Italian, German, or Yiddish giving in very simple language careful information as to the cause and propagation of phthisis, with instructions for disinfection.]

MUNICIPAL DISINFECTION IN BERLIN

BY REBECCA SHATZ
Mt. Sinai Hospital Graduate

THE Berlin city ordinances compel disinfection of rooms after they have been occupied by persons suffering from Asiatic cholera, small-pox, diphtheria, typhus, and cerebro-spinal meningitis.

After typhoid, scarlet fever, epidemic dysentery, measles, whooping-cough, and pulmonary tuberculosis disinfection is always advised, but is only compulsory (ordered and supervised by the police department) in certain cases or under certain conditions.

The disinfecting plant occupies a large T-shaped building, so planned and divided that the infected articles are brought in at one court-yard and taken out through another, no disinfected article ever being carried through room or yard through which infected articles must pass. The city authorities send men to disinfect dwelling-rooms; they are fumigated with formalin and ammonia for three and a half hours. Pictures and furniture are washed off with five per cent. carbolic acid solution.

Bedding, clothing, and other movable effects are carried in large closed wagons to the disinfecting stations. In the receiving-room they are wrapped in sheets that have been wet with a five per cent. solution of carbolic, and are then carried to the next room, to be placed upon racks and shoved into the sterilizers. They are then received into a clean room, where they are stored for distribution.

Clothing and small articles are sterilized for ten minutes; feather beds and bedding, for thirty minutes; hair mattresses, thick, compact articles, brooms, and scrub-cloths, for one hour. A different relay of wagons carries the disinfected articles back to the owners on the same day they were removed.

The men who work in the receiving-room must first undress in a room set aside for that purpose and put on their working clothes—white cotton suits, canvas boots, caps for the head, and a moist sponge over the mouth.

When their work is done they undress again in another room and pass into a bath-room, where they take a spray bath, and then go into the room where the street clothes are put on. A laundry-room is provided, where the men wash their working clothes daily.

Men working in the infected parts are allowed no approach or intercourse with those working in the sterile portions of the building.

One room at the station is kept for testing the efficacy of chemicals. Streptococci are placed in drawers, on walls, and in crevices, and the effect of the various chemicals upon them is noted.

Midwives who are attending patients suffering with puerperal fever are compelled by law to come to the disinfecting station, take a bath, and have their clothes and instruments sterilized before attending other cases.

PRACTICAL POINTS ON PRIVATE NURSING

IN CHARGE OF

ISABEL McISAAC

HOUSEHOLD STERILIZATION

STERILIZATION is frequently written of as something very modern, but, granted that the word is new, the process is as old as the everlasting hills. Nature has not printed books upon the subject, but she has given clinical demonstration of its necessity ever since Eve suckled Cain and Abel.

Our grandmothers, and their grandmothers before them, did not call it sterilization, but when they established the weekly family wash they were practising what we are preaching about, and many of them might have given us practical points on the subject.

The usual method is that of putting the clothes to soak in cold water over night, the table linen being separated from wearing apparel. These are then washed through two warm soapsuds, boiled fifteen minutes in soapy water, rinsed twice in clear water, dried in the sun, and ironed with a hot iron. In small towns or the country this is almost perfect sterilization.

Likewise the semi-annual house-cleaning. When woodwork is scrubbed, wall-paper renewed, windows washed, carpets, rugs, furniture, and bedding beaten and put out into the sun, blankets washed, cellars, closets, and drains disinfected, we have every-day practical sterilization.

But sometimes when we are confronted with the necessity of perfect sterilization of surgical and obstetrical supplies our vision cannot go beyond nickel-plated steam sterilizers and the most expensive surgical dressings, and we do not realize that we can attain our object almost as perfectly, although with more trouble, by utilizing what the kindergartners call "home materials."

Beginning with sponges and dressings: nothing ever made is better for eye, mouth, and nipple sponges than old linen handkerchiefs cut into proper sizes; old napkins, table-cloths, and linen sheets and pillow-cases are admirable for larger sponges and dressings. If one can get butter-cloth and absorbent cotton, so much the better, but there is no excuse for infection because of the old linen.

The linen should be first properly washed by the process given, then

cut into the various sizes needed, sewed in small packages not too tightly packed, and labelled. Put these packages into an old pillow-case, again not too close together, because we will not have ten pounds of pressure; the open end of the pillow-case should be basted together, and one yard of a two-inch bandage pinned to each of its four corners. Give the family wash-boiler a thorough scrubbing with hot soapsuds, fill it half full of cold water, then suspend the pillow-cases on the under side of the boiler-cover by bringing the four ends of the bandage over the top and tying them to the handle. Fit the cover on as tight as possible and put upon the fire. It should boil one hour after the boiling-point is reached. The reason for beginning with cold water is that if the water is boiling and the cloths cold there will be so much condensation of steam that they will become very wet, which is much lessened by starting both at the same temperature. At the end of the hour put the pillow-case upon the grate of the kitchen oven and bake until it is quite dry and slightly browned. Do not open the pillow-case until needed and keep in a clean place. Several pillow-cases full may be done one after the other, to last several days if they are kept in a clean place and not opened until needed. A second baking may be given the small packages if they have to lie very long.

Towels, sheets, pillow-cases, bed-pads, confinement pads, nightgowns, and nightshirts (an excellent substitute for the doctors' surgical aprons) may all be prepared in the same way.

A new fifteen-cent dishpan makes a good pan for instruments, and even the old one may do duty if it is properly cleaned. The tall bedroom water-pitcher will hold the obstetric forceps after a preliminary boiling. An abdominal hysterectomy case has been known to make a perfect recovery when the instruments used at her operation had been boiled in the family potato-kettle.

The sterilization of milk or water is also a stumbling-block to many nurses and an unfathomable abyss to the average housewife.

The milkman comes in for such an amount of abuse that I often wonder no single voice has ever been raised in his behalf, not that he does not usually deserve it, and sometimes more, but there are instances when he is a long-suffering martyr to our neglect of common precaution. Wonderful tales are related of babies and adults snatched from the jaws of death by being carried to the cow to drink warm milk. One might infer from most of these tales that the recovery was due to the society of the milkman or the sight of the cow, but few ever mention that the credit is due to the sterile milk, which cannot become much contaminated from one receptacle, whereas if carried into the house and strained into cans or pans for distribution it goes into three or four dishes, not one of which is sterile.

The subject of kitchen sinks and dishcloths is one to which an investigating bacteriologist will turn some day and bring discredit upon the average kitchen by setting forth a list of microbes as long as the one in the medical dictionary. They do not realize the breadth of the field or they would have studied it long ago.

It is not only the baby but the adult who suffers from unclean cooking utensils, for there are many households whose tables present a good appearance whose pots, pans, and dishcloths would furnish abundant specimens for the microscopist. Drinking-water is surely familiar enough to all that we might realize the necessity for its purity, yet how often we know of families, nurses, and doctors (say it under your breath) who go on giving the typhoid patient the same drinking-water from which he got his primary infection, and this in the face of the fact that a teakettle and the kitchen fire, with twenty minutes' boiling, will provide him with sterile water.

Nurses might do much towards correcting many of these every-day abuses if they would apply the same principles which govern nickel-plated sterilizers, glass tables, and expensive water-filters to the ordinary household affairs and to surgical work done in the home.

If all the education our schools give goes no further than to leave the pupil under the impression that these scientific principles can be applied only by elaborate and expensive methods, then it is time we bestirred ourselves to disabuse their minds of anything so erroneous and pernicious.

SCARLET FEVER: ISOLATION AND DISINFECTION

By FRANCES E. MORLEY
Boston

To the nurse just starting out in private work, with hospital standards fresh in mind, the adaptation of strict rules to the new conditions is often perplexing.

How shall she observe all the regulations of asepsis in operative work, of isolation and disinfection in contagious cases?

The first requisite is to be thoroughly grounded in the hospital practice in such work. She should know how and why these things are done.

Her experience in asepsis should be such that every act becomes automatic, so that she could no more think of touching an instrument with unwashed hands than she would a hot stove with bare hand. But

this automatic work should never become so mechanical that she loses sight of the reason or the relative importance of her acts.

Then when she is placed in the new environment where something must be sacrificed she will know what is of vital importance and cannot be changed, and what is of minor value and may be dropped without danger.

Let us review the hospital rules now considered necessary in our best contagious hospitals in regard to the nurse's care of herself.

The rules usually enforced are:

The nurse shall wear, when on duty, over her regular hospital uniform a gown which is removed on leaving the ward.

Uniforms and street clothing shall never be brought in contact, but kept in separate closets.

A nurse must make a complete change of clothing before going on the street. If possible, she must take a full bath and wash her hair. If it is not convenient to wash the hair, it must be brushed in strong alcohol.

The shoes may be washed in disinfectant or changed.

Nurses are advised to keep away from children, and not to visit friends without first ascertaining whether their presence is desired. Knowing all these rules, their following her second nature, the nurse receives her call to go to a private house on a scarlet-fever case.

Her first thought is, "What shall I take?"

The fully equipped, carefully packed bag must be considered. Nothing should be carried into the infected house that cannot be thoroughly disinfected or that the nurse is unwilling to sacrifice if necessity requires.

She should run no risk by taking tools, however cherished, that cannot be boiled. Let the family supply syringes, hot water bags, etc.

The nurse's uniform should be one that can be boiled. As it is possible that a garment may be injured by the corrosive solution, economy suggests the sacrifice of an old gown.

Particular attention must be paid to slippers and night wrappers. Oftentimes these are worn as many hours and come as near the source of infection as the smooth surface of the dress that can be boiled. Take old ones that can be burned at the close of the case if necessary.

The nurse arrives at the house to find the patient in an ordinary room opening into a hall, one bath-room being used by all the family.

Just how can this room and surroundings be reduced to hospital rules? What must the nurse insist upon? What may she give up?

As to herself and her personal belongings, she must have a place entirely outside the sick-room to leave her street clothes and valise.

She must remember to take into the sick-room only such things as will be needed.

In the sick-room her own tact and skill must decide each case. Seconded by the doctor, she may, if the case has not progressed too far, have the room cleared of all but the bare necessities of a hospital room. She must use good judgment and act quickly.

Some families will act conscientiously and at the close of the case destroy all articles that cannot be thoroughly disinfected, others will, if not closely watched by the Board of Health, sell or give away articles they dare not use themselves.

It is possible that by removing a heavy curtain the first day of a scarlet-fever case and seeing that it is thoroughly aired, a nurse reduces the chance of infection from that particular article.

It may be wise to ask the family to give up the bath-room entirely. It may be advisable to remove the patient to a room that can be isolated and cleared.

All these points being decided, the nurse arranges, if possible, to have an anteroom, where she may receive her supplies, change her dress, etc. A sheet wet in disinfectant is hung before the door.

It is the nurses' duty to enforce strict quarantine upon all members of the family, reporting any infringement of rules to the physician.

In the sick-room the nurse observes hospital rules by having solution always at hand for the disinfection of every dish or utensil that passes out of the room, also for washing her own and the doctor's hands.

She should arrange, if possible, to have some means of burning refuse food, scraps of paper, etc.; also a way to heat water. Burned paper and boiled spoons are germ-free. If this cannot be done, every scrap must be wrapped in cloths wet in solution and at once burned.

The nurse on private duty must be even more careful than the hospital nurse in regard to sitting on the bed, caressing the patient.

Every article to be sent to the laundry must first be wrung from corrosive solution 1 to 1000 or placed in a bag wet in solution. It may then be safely carried to the laundry, where it receives the usual washing, including a long boiling. The nurse cannot go to the laundry herself, but she may impress the importance of the boiling upon those who do the work. Her own clothing must receive the same treatment.

All dusting and sweeping of the sick-room must be done according to hospital rules, dusters and brooms being wet in disinfectant.

The next question that arises is that of air and exercise for the nurse.

If there is someone who can come to the sick-room to relieve the nurse, there is no reason why she should not go out, and, in fact, she needs the air on a contagious case.

In preparing for her walk she must be very careful to thoroughly cleanse and disinfect her hands, and she must make an entire change of outer clothing, including shoes. In this cleansing remember that soap and water play an important part. It is easier to starve germs than to poison them.

The one inconsistency in this preparation must be the hair. One cannot wash her hair every day. She may keep it smooth and covered in the sick-room and apply strong alcohol on going out. Then let her exercise be in the open air, not a close street-car, where she is brought near children. The average passenger probably carries as many germs as a nurse fresh from a thorough disinfection, but the travelling public prefers the kind that lurks in soiled and unaired garments that has not been caught and named. A germ that allows itself to be imprisoned under a microscope and grown in a jelly dish is a fearsome beast, and one who holds dealings with such is to be shunned. If the nurse lives in an ordinary lodging-house, it will be as well for herself and the landlady to avoid her home while she is engaged in such uncanny work.

At the close of the case the nurse must leave her laundry to be done as it has been done through the case. She must burn any article that she is not sure may be disinfected. If her street clothing and valise have been kept strictly outside of the infected area, there is no reason why she should not take them home with her. If she remains after or during the fumigating of the rooms it would be as well, perhaps, to put even these within the magic circle. Then, having washed her hair and bathed in disinfectant, she may return to a boarding-house.

For a week, however, she should avoid close contact with children, for, notwithstanding all her care, there may be a slip somewhere, and it is within the bounds of possibility that she may herself be coming down with the disease.

If these simple rules are strictly followed by all nurses who take contagious cases, the danger to the boarding-house contingent from that source is reduced to the absurd. But let a nurse be careless in the smallest detail, so that a single case can be traced to her door, and the whole race of nurses will be shunned and turned from their lodgings. A delay of a few hours in washing the hair, the use of a cherished pair of slippers too lovely to be sacrificed, may carry a germ to some unsuspecting victim.

There are many more rules that could be given, but we believe that a few strictly observed will protect the public better than the knowledge of many not carried out.

EDUCATIONAL

IN CHARGE OF

ISABEL HAMPTON ROBB

DISINFECTION AND PROTECTION IN OUR SCHOOLS

By HELEN SCOTT HAY

Graduate of the Illinois Training-School for Nurses

All sanative measures in the schools of our country are questions that, strangely enough, have received little attention. A system fast approaching an unexcelled excellence and eagerly alert for whatever will add to its efficiency has yet passed by its opportunities—nay, its duties—in this regard; and the people, ignorant of their right of safety, have manifested only a quiet submission. The vigor of our school system is beyond question, and equally beyond disputation is the value of protective measures against disease. But that the public school powerfully illustrates the need and value of such measures, that between intellectual development and all that makes for physical perfection there should be a close relation and interaction, this few have realized or acted upon. There is, however, a growing agitation all over our country relative to school hygiene, and here and there one finds substantial beginnings in a scientific inspection, supervision, and instruction that are full of promise and encouragement. The few are thoroughly awakened, with all energies bent to the perfecting of a practical sanative system. It is the unthinking or unwilling majority who must now be won over to the endorsement of the work that the pioneers in the movement are establishing. Careful oversight in all serious transmissible diseases is regarded by everyone as a matter of course. But the constant vigilance and the use of preventive measures in times of apparent safety seem to many useless pother, and any complemental instruction but one of the fads decried as foolish and extravagant. The popular mind must be set to thinking; the need for health measures in the schools must be made clear and emphatic; the telling results already attained must be exploited, and plain methods advocated and put into practice as rapidly as may be. There will be a full awakening to the truth some day, and, meantime, everyone interested must do all he can by word or work to hasten that day's coming.

Disinfection, broadly speaking, is the cleansing from infection or

contagion. It may be, therefore, either by the removal of all source of infection or contagion, or by a process which shall render inert the existing germs of disease. Practically, both methods are but necessary steps in one complete process. When there appears in our schools any communicable disease, not only must the person suffering from that disease be removed from the schools, but the premises must be thoroughly cleansed and all belongings with which, in his diseased condition, he has come in contact must be purified or destroyed. More than this, not only with the appearance or suspicion of disease, but at all times, there must be an intelligent supervision of all sanitary conditions. Certainly all this sounds neither new nor unreasonable, and yet it is just in the carrying out of such a process that the advocates of a careful school sanative system find disheartening apathy or opposition; and the school, college, or academy where disinfection theoretically or practically has a regular place is still undiscovered. Yet who can doubt the need? Fourteen millions of school-children in our country, an average of fifty to sixty in a room, representative of every grade in the social scale and of homes of every degree of unwholesomeness. All these children, their mental powers actively alert, moving, working side by side, in constant contact for from three to six hours of each school-day, handling the same books and apparatus, perhaps using the same towel and tincup. Surely the safety of the whole demands that the schools shall furnish to each individual the same adequate protection he would get in the most carefully guarded home.

Foremost among the auspicious signs is the plan of medical inspection, now recognized as a vigorous branch in the school systems of many of our cities. Of these systems none has done more efficient work or shown more gratifying results than has that of the city of Chicago. It was only in January, 1900, that medical inspection was begun in that city with the appointment of fifty medical inspectors of schools to work under the technical direction of the city Department of Health. These inspectors, all physicians, appointed after rigid competitive examinations, have each apportioned to them a number of schools which they are required to visit daily, examining all pupils referred to them by the school principals as giving evidence of a transmissible disease or who have been absent for four or more consecutive days. Examinations are made for the following diseases: scarlet fever, diphtheria, measles, rötheln, small-pox, whooping-cough, mumps, chicken-pox, tonsillitis, pediculosis, ringworm, or other transmissible diseases of the skin or scalp, and transmissible diseases of the eye. If any of these disorders are found to exist, the child is sent home with a card explaining to the parents the cause of the exclusion. In cases of pediculosis, and these

only, is treatment suggested. All examinations are made as unobtrusively as possible and strict asepsis is observed. For throat examinations wooden tongue depressors are used, one for each person, and then burned. In emergencies, small-pox and the like, emergency inspectors are at once sent out from the central office, who make more detailed examinations, see to the isolation of the child suffering from the disease, to the dismissal of the school, and to the thorough disinfection of the premises. With the resuming of school they also watch carefully among the pupils for any suspicious symptoms, especially in those thought to have been exposed to the disease.

Duration of exclusion in *scarlet fever* is till desquamation has ceased; in *diphtheria,* till throat-culture shows the absence of the Krebs-Löffler bacilli. In *tonsillitis,* a child is excluded on clinical evidence alone, and throat cultures made for further diagnosis.

Reports on the work accomplished by this medical inspection show how immeasurably greater is the safety given by this method to the children of our schools. Referring again to the system in Chicago, we find that from January, 1900, to May of the same year the total number of examinations made was seventy-six thousand eight hundred and five. In four thousand five hundred and thirty-nine cases contagious diseases were detected and excluded.* And this in only four months. The value of this daily inspection is not merely in the detection of the disease, but in the detection of it at such an early stage that the dangers of conveying it to others are reduced to a minimum. And this early detection is found not only to reduce materially the number of sporadic cases, but also, in a large degree, to prevent epidemics among the school-children. But more than detection and exclusion is necessary to the complete protection of health. Recognizing this fact, departments of school sanitation are working to bring all questions of ventilation, plumbing, lighting, and proper care of the school-rooms for final reference to those who will give to them the most scientific study and careful oversight.

That disinfection in the schools, however, may be brought about by methods other than that of medical inspection is shown by the work of the Board of Health of the State of Michigan—a work that gets down to the very heart of the difficulty, instruction of the masses. In the statutes of the State we find this gratifying requirement: "There shall be taught in every year in every public school in Michigan the principal modes by which each of the dangerous communicable diseases is spread, and the best method for the restriction and the prevention of each such disease. The State Board of Health shall annually send to the public-

* "Report of Department of Medical Inspection, Chicago Board of Education, 1900."

school superintendents and teachers throughout this State printed data and statements which shall enable them to comply with this act. School Boards are hereby required to direct such superintendents and teachers to give oral and blackboard instruction, using the data and statements supplied by the State Board of Health."* And it is equally gratifying to notice the hearty recognition and encouragement that this law is receiving. To facilitate this work, monthly bulletins on all manner of hygienic subjects are issued to teachers. Among them we notice "Hygiene of the Eyes," "Michigan Water Supplies," "Bacteriology in its Relation to Public Health," "Restriction of Tuberculosis," and "Discussion of Dangerous Communicable Diseases." Not only are these means employed in the schools to educate against the indifference of the people, and up to a proper appreciation of the laws of health and sanitation, but bulletins containing valuable information relative to the various communicable diseases are to be had by everyone for the asking. Here we find treated: "Restriction and Prevention of Whooping-Cough," "Scarlet Fever," "Small-Pox," "Diphtheria," "Meningitis," "Tuberculosis," "Measles," and "Typhoid Fever." In these papers are set forth the duties of health officers and of those caring for the sick; the need of isolation is emphasized; means and methods of disinfection are explained, and directions given for the care of the convalescent and the burial of the dead. These documents the local health officers are urged to circulate freely wherever there is an outbreak of any of these diseases. What an education this makes possible for the masses! Can anyone adequately estimate the help accomplished for a school or community by these remedial methods that strike at the very source of the disorder? Begun in the schools and supplemented by the intelligent instruction of all classes, they become a tremendous power in the safety of the State.

Medical inspection and supervision of our schools, accompanied by wise instruction—will not this union give us a system perfect in its results and practical in all its methods? Ought this not be the end towards which all efforts should be directed? Is rigid examination of the mind's capabilities justified, with a total neglect of the condition of the body, or instruction for mental development in every subject, from stringing beads to studying French verse forms, to be found a place for and no provision be made for teaching the simple lessons of how disease and even death may be averted? City schools are giving health-lessons some attention; but to arouse a new enthusiasm, and for the sake of smaller communities where even a lessened need does not justify the total indifference, State Boards of Health will need to see that the necessary

* Section 4796, "Compiled Laws," 1897; Section 23, "Public Health Laws," 1899.

data are furnished, and that the necessary laws are enforced or enacted for regular and suitable instruction.

In the meantime, while these bodies are setting to work, much can still be done to promote the health of school-children. The oversight of this humane task will largely devolve upon the teacher. To be sure, her powers are limited and her duties legion, but no teacher can do the best for her pupils and be ignorant or unmindful of the care and needs of their physical natures. The ignorance of many of our best teachers on all questions influencing health is lamentable. Not only should more in this regard be exacted of teachers by the School Boards, but each teacher should exact more of herself. She should familiarize herself with the laws of health, with the value of the natural disinfectants, air, light, and sun, and the principles of ventilation and of plumbing. She must insist upon a scrupulous cleanliness of the room and of each pupil; lavatories should be made attractive, with plenty of soap and hot and cold water, and enough clean towel space provided for every face and pair of hands; every child should have his own drinking-cup,—and this should be kept clean; the habit of putting pencils to the mouth should be discouraged from the first grades, as also the passing about of whistles, etc.; school-rooms should have thorough scrubbings at least once a month; walls should be carefully swept down, and all dusting done with a damp cloth; at least once a week balustrades, tables, blocks, and all apparatus in general use should be washed with some disinfectant, such as a weak formalin solution; close watch should be kept for skin disorders or diseases of the eyes which are transmissible, as well as for any acute communicable disease, and a physician should be called in or the child sent home at the first intimation of danger; if any child has gone home sick, suspicion pointing to a contagious disease, then the child's seat and desk should at once, pending the diagnosis, be carefully disinfected; provision should be made in the school curriculum for daily lessons on all questions of health. In the higher grades interest will be increased by the study of pathogenic cultures and by microscopic work. If the teacher is not equal to this, there will nearly always be found in any community some physician who will willingly give of his time and research.

Another broad field of opportunity open to the teacher is that of instituting mothers' meetings, where there will be friendly and informal discussions on the questions of food, clothing, ventilation, physical defects, etc., and much kindly, helpful advice given. Some of these innovations may be long in being introduced, and School Boards will be found still clinging to the customs that they by a kind providence have survived. But let a start be made in the right direction. More

often, instead of discouragement, there will be found a pleasing receptivity and a quick adaptation to the new order of things.

Down in a vacation school in the Ghetto district of one of our large cities there are some earnest kindergartners who are busy for no small part of their midsummer term with baths, house-cleaning, and a public agitation generally. It is the old story, of "poverty, rags, and dirt;" but soon lines of demarcation recede and disappear, tumbled locks become untangled, and a clean, white kerchief about the neck or a quaint little apron show the leavening process that is silently at work. From such small beginnings arise great results, and from the teachers is coming the greatest security of health—teachers not only from our public schools, teachers also of morals, of true religion, of all that makes people lead better, more wholesome lives. State Boards of Health and city systems will look to the needs and outline the policy and the work that they have begun; the people, taught by good teachers the value and protection of life and health, will carry it to a successful and perfect completion.

[Miss Hay writes from the stand-point of practical experience, from that of a teacher for some time in a high school, and from that of a trained nurse. It is to be hoped that her very interesting and practical paper may be widely read, and that it may by some means reach the hands of many teachers. It is a further plea for preventive medicine, in the agitation for the use of which the trained nurse should take an active part, and in this connection the thought arises that until such times as teachers do become better acquainted with the laws of health and their application to the needs of school-children, and with the methods for preventing disease, might not the trained nurse's knowledge be made use of by having her on Boards of Education and by having her give courses of instruction at mothers' meetings on food, clothing, ventilation, etc.? In England some advance has been made in these directions, of which mention has already been made in the pages of this Journal.—ED.]

PROPHYLACTICS

IN CHARGE OF

MARY M. RIDDLE

THE DISINFECTION OF SICK-ROOMS AND THEIR CONTENTS

We are told that "micro-organisms may be killed by heat or by the action of chemicals, the processes being generically termed sterilization. The term sterilization is usually employed to denote the destruction of bacteria by heat, in contradistinction to disinfection, which means the destruction of bacteria by the use of chemical agents. A chemical agent causing the death of bacteria is called a *germicide*. An object which is entirely free from bacteria and their spores is *sterile*. Certain substances whose action is detrimental to the vitality of bacteria and prevents their growth amid otherwise suitable surroundings are termed antiseptics."

We know little about the history of the germs with which we are so intimately associated. We have no conception of the long, weary years, full of unceasing toil, spent by the bacteriologists in their laboratories. We may be interested, and an account of the results may sound almost like a fairy tale, but we are wofully ignorant of the things themselves, as well as of the significance of the terms used and their relations to one another. Neither are all nurses able to prepare articles for sterilization, nor are all able to manage a steam sterilizer.

How many know the meaning of the expression "steam under pressure," or the degree of heat used for sterilization, or the length of time required for it, or the class of articles admitting of sterilization by heat, or many more facts that apply to the practical work of disinfection and sterilization.

The study of antisepsis, sterilization, and disinfection naturally leads us to consider the disinfection of sick-rooms and their contents as well as the dejecta and discharges of patients suffering from contagious and infectious diseases. One of the most approved methods of disinfecting the contents of sick-rooms is that of sterilization by steam, which consists in exposing articles to steam under pressure. The terms steam under pressure and super-heated steam are synonymous. It is by the continuance of pressure that we get the heat; this pressure, to be

most effective, should be fifteen pounds to the square inch, which means a temperature of 250° F.

It is the action of the heat that destroys the germs, but the advantages of steam over dry heat are twofold. First, the articles are not charred, and, second, the penetrating power of steam makes its action more effective. This method is especially useful for carpets, beds, mattresses, blankets, and certain articles that cannot readily be disinfected in any other way; articles to be subjected to sterilization by steam ought not to be folded.

An ideal steam sterilizer for such purposes consists of a huge iron cylinder having at either end a door of the size of the cylinder end and having within the cylinder upon the floor two steam coils,—a coil of closed pipe and one of perforated pipe. The articles to be sterilized are placed upon the racks or hooks within the cylinder, the doors are closed, and the steam turned on in the closed coil, which causes the temperature of all within the cylinder to rise. When the temperature has reached 110° F. the steam is turned on in the perforated coil and continued under pressure until it has reached fifteen pounds to the square inch, where it is maintained for one hour. At the end of this time the steam is turned off from the perforated coil; the exhaust-valve is opened, by means of which the steam escapes from the interior of the cylinder, and a second valve is also opened to allow a free circulation of air within the cylinder, which should, by this process, be cleared of steam within five minutes, when the door may be opened and all the articles be considered sterile and safe to handle.

The object of heating the cylinder by means of closed pipe is at once seen to be that of preventing the condensation of steam within the cold cylinder and the ruin of the articles to be sterilized.

The following articles are ruined by sterilization with heat: boots, shoes, rubbers, kid gloves, furs, buttons of horn, articles of skins, fur-trimmed garments, feather-trimmed garments, velvets, plush, etc. A mattress tufted with leather buttons should have them removed before sterilization.

There are other means of disinfecting the above-named articles, as with chlorine gas, the fumes of sulphur, and the fumes of formalin; the latter is at present generally practised. Formalin is a forty per cent. solution of pure formaldehyde gas in water, to be further diluted with water for the purpose for which it is required. It is a powerful disinfectant for rooms, furniture, clothes, and the person. It is said to have the same germicidal power as corrosive sublimate without its toxicity.

It is made in various ways chemically, and is also said to occur in those plant-cells which contain the green coloring matter, and is thought

to be an intermediate product in that wonderful process known as the formation of starch and sugars from the elements which the plant absorbs from the air. It is also formed by passing the vapor of methyl alcohol (wood spirit) over glowing coke; by this means the alcohol is oxidized, chiefly to formaldehyde.

"The destructive action of formalin on micro-organisms depends upon a number of factors,—the chief of which are its concentration in the surrounding atmosphere, the length of the contact, the existing temperature, the accompanying moisture, and the nature of the organism."

"The necessary concentration of the gas in the surrounding atmosphere to kill the micro-organisms varies with each species, for some resist chemical agents much more than others, and also with the freedom of access of the gas to the bacteria," for if they are under cover or within fabrics, a greater amount of gas must be generated than if they are freely exposed. It was formerly considered that the destruction of bacteria was accomplished only in a dry atmosphere, but further and more recent investigations have proved that a moist atmosphere, even to saturation, aids very materially in the process; therefore if steam may be permitted to escape or be generated in the room in which fumigation by formalin is to take place, the success of the process will be more assured. A fairly high temperature also increases the penetrative power of the fumes as well as their activity: 110° F. represents a degree of heat which aids greatly in rendering the fumigation effective and yet is not high enough to injure the fabrics to be disinfected.

The length of time required for contact with the fumes varies greatly with the kind of bacteria to be killed and depends upon the conditions just mentioned, viz., the concentration of the gas, its access to the bacteria, moisture, and temperature. Even a thin covering renders futile the attempt at disinfection by formalin. An experiment was tried with two handkerchiefs that were saturated with discharges from the nose and throat of patients suffering with diphtheria. One of these handkerchiefs was exposed directly to the fumes of formalin and the other thrust lightly into the pocket of an old coat hanging in the room to be fumigated. This experiment was tried repeatedly, and always with the same result: cultures from the handkerchief in the pocket always grew the bacilli of diphtheria, while the one exposed directly to the fumes produced no cultures that would grow. From this we learned that formalin is a good surface disinfectant and that it must have free access to the bacteria.

The heavier the articles to be sterilized, the greater the amount of formalin required,—our text-books say this amount should vary from one fluid ounce to thirty fluid ounces.

The following rules have been used for sterilization by formalin and have been found effective and practical:

First.—Seal the room and, if possible, allow the escape of steam therein.

Second.—Arrange lamp, which may be a simple alcohol lamp carefully placed in an iron pan or on a piece of marble on the floor in the centre of the room.

Third.—Arrange vessel to contain formalin, which may be an open basin or tincup placed directly over the alcohol lamp.

Fourth.—Use of solution formalin forty per cent., between two and three fluid ounces in vessel.

Fifth.—Use of alcohol two fluid ounces in lamp to generate fumes.

Sixth.—Light the lamp, leave the room, and seal the door.

This is for a space represented by one thousand cubic feet, and the required time of exposure is from five to eight hours. If formalin pastilles are used, fifteen grains per thirty-five cubic feet are required. All articles not sterilized by steam should be subjected to this process, as well as all bed and body linen, before being sent to the laundry.

This amount of formalin is said to destroy such bacilli as those of typhus, diphtheria, and the ordinary infectious diseases. The apparatus formerly used was a complicated one, but this simple one is quite as effective. Every precaution against fire must be taken, as the alcohol lamp is left burning where no one can watch it.

It is not possible to sterilize or disinfect the air of a sick-room during its occupancy by a patient. Since the disinfecting capacity of solutions depends much upon their concentration, it is foolish to place saucers containing these solutions beneath the bed or in different corners of the room. They can do no good, and may do harm by obscuring foul odors (which should be considered danger signals) arising from material that ought to be removed from the room by the possibly more disagreeable odors of the disinfectant.

"During the period of illness a room in which a patient is confined should be freely ventilated, so that its atmosphere is constantly changing and replacing the closeness so universally prevalent during a course of fever by fresh, pure air,—a comfort to the patient and a protection to the doctor and nurse."

How this is to be done depends largely upon the ingenuity of the nurse. Many sick people are afraid of fresh air and have to be urged to take it, but much can be done towards convincing them by always speaking of it as clean air. This term will often appeal to the patient when that of fresh air fails utterly. Again, many fear the inflow of clean air during the night, on the ground that it is night air. This prejudice may

be reasoned down by saying that if the patient breathes at all after dark he must breathe night air. Night air is not so life-giving as day air, because it has not been vitalized by sunshine, but it is infinitely more useful than that contained in the sick-room and which has been breathed over and over again. The good thus done in struggling to keep the air pure may be counterbalanced by keeping a gas-jet burning in full force. This uses up the oxygen of the air that rightly belongs to the patient, besides leaving impurities behind it.

The disinfection of excreta demands prompt and unwearying attention. In diphtheria the vomitus, expectoration, and nasal discharge are most important. The last two should be received in old rags or paper, such as paper napkins, and should be at once destroyed by fire. Towels or handkerchiefs ought never to be used for the reception of these discharges lest the contagion be spread. The very towels or handkerchiefs so used may soon be used again about the eyes of the patient; and having these articles washed causes, also, an unnecessary exposure of the laundress.

The sputum of tuberculous patients should be received in glazed earthen vessels that can be boiled or sterilized, or in paper napkins, which can at once be burned. These napkins are not quite as good as the small pasteboard boxes used by some hospitals. It would be well if tuberculous patients could have towels, knives, forks, spoons, plates, etc., kept strictly apart from the others of the household and frequently boiled for considerable lengths of time.

Tuberculous patients should be compelled to use the sputum cups. Even if it is intended to burn all such discharges they should not be allowed to become dry and float about in the air to be inhaled and infect new victims, and they will not if deposited in the cup in a solution of chloride of lime.

Dust from the walls, mouldings, pictures, etc., in rooms that have been occupied by consumptive patients, where the rules of cleanliness have not been carried out, contain the germs and are said to produce tuberculosis in animals when used for their inoculation; therefore such rooms are unsafe for human occupancy and should be thoroughly disinfected and cleaned before they are again occupied. If the sputum of all consumptive patients were destroyed at once when discharged, a large proportion of the cases of the disease would be prevented and the disease itself would be in time wiped out; but the spectacle too often presented in our streets and at our own doors impresses one with the idea that it is a mammoth undertaking, this, of so educating the public that individuals will realize that they have no right to expectorate in the street or in any other place where the sputum may become dry and mix

with other dust, to be blown about till it finds lodgement, probably, in the respiratory tract of some innocent victim.

The excreta from typhoid-fever patients require particular attention; these, and, indeed, all matter possibly the source of infection or contagion, should be received in glazed earthen vessels and immediately thoroughly mixed with a five per cent. solution of chlorinated lime if semi-solid or with the powder if liquid, and allowed to stand for an hour before being thrown into the drain. Chloride of lime is one of the most valuable disinfectants; it is cheap and can be used either in the dry powder or in a solution. If kept in the powder form, care must be taken to keep it dry and in an air-tight receptacle.

Dry freshly slaked lime is also a good disinfectant, or milk of lime which is made by dissolving one pound of the dry freshly slaked lime in four or five quarts of water. Lime is slaked by pouring a little water on a lump of quick-lime; the lime becomes hot and crumbles to a white powder. Air-slaked lime has no value as a disinfectant.

Cleanliness and disinfection are so closely allied that one can hardly be mentioned without the other. Any patient's chances of recovery are lessened in proportion as there is failure in this respect; it all involves painstaking care, but the results more than repay the efforts if no new cases develop in the train of the preceding.

A successful surgeon was heard to say that he insisted upon perfect asepsis in his work; that nothing less was sufficient; that, at the close of every operation, while all is fresh in the minds of operator and assistants, he has a written report of just what was done—every step of the operation is recorded and by whom such steps are taken. This is done in order to know just where to fix the blame if all is not well as a result of the technique of that operation.

It may some day be just as possible to tell who is at fault when one of the communicable diseases is transmitted. If it is ever brought about, it will doubtless be due to the efforts of the bacteriologists.

Considering the progress that has been made in the knowledge of the germ theory and its relation to disease, would it be at all strange if ere long we shall have to furnish affidavit to Boards of Health in our cities of our work done in the care of such diseases as these we have been considering?

It may not foster the highest motive to encourage the performance of duty because a law provides for punishment in case of failure,—it is much better to do right for the sake of right,—but since "it is a common principle in ethics that laws are only for law-breakers, they being the only people cognizant of their existence," the law-abiding have nothing to fear.

CHILDREN'S DEPARTMENT

IN CHARGE OF
LOUISE C. BRENT

DISINFECTION OF A CHILD'S BODY

THE care of a child suffering from an infectious disease is important to the nurse in that, as well as nursing the patient, she must guard against the spread of the disease.

The cause for precaution is not over even when the attending physician has pronounced the patient well, or in a case of diphtheria when a microscopic examination shows that the swab is free from the germ, and is not until the child and everything in connection with it has been thoroughly disinfected.

It is needless to say that during the disease the patient should be bathed freely, and yet some imagine the danger of taking cold so great that they sacrifice cleanliness. This must not be; the child should be kept clean; then when the time for disinfection comes, her labor is comparatively a light one.

If the disease is one where desquamation occurs, it is well to vaseline the patient every evening, as it assists in loosening the dead skin.

The patient is now ready to be disinfected:

First wash the head with warm water and castile soap; having thoroughly freed the hair from soap, rinse with a disinfectant solution, carbolic one part to forty parts water. Then rub the scalp well with a solution of alcohol and water, as this prevents the liability to cold. Now wrap the head in a towel wrung out of the carbolic solution and proceed with the disinfection. Put the child in a warm bath, being sure to see that all the dead skin has been removed, especially from under the nails. Wrap the child in a clean blanket and sponge well with the carbolic solution, being careful to avoid mucous surfaces. Have at hand a sheet which has been wrung out of the disinfectant solution, and then roll the patient in it covered with a warm blanket. Spray the nose and throat with some mild solution. The patient may then be transferred to a clean room entirely free from the danger of infecting other children.

THE FEEDING OF CHILDREN

By JOSEPH ROBY, A.M., M.D.
Rochester, New York

(Continued)

It is during the latter part of the period covered by the previous paper and the first part of this—namely, from three to six years of age—that many children begin their education at the kindergarten, and for this reason the food is still an important consideration in the child's life, for it is just at this time that the child's nervous system is developing.

There is no one food that is peculiarly a brain food, but, as was stated in the first paper, a child needs a generous, varied, and mixed diet. He needs plenty of albuminous material in the shape of eggs, meat, milk, or fish to form the tissues of his rapidly growing body and brain. He needs fat in the shape of cream, milk, butter, olive oil, cocoa, and cornmeal to act as fuel for the body during its increased activity, and in winter he needs proportionately more fat or fuel in order to make up for the increased loss of heat. He needs carbohydrates in the form of vegetables and cereals to act as fuel, furnish the necessary mineral salts, and act as laxatives. He needs green vegetables and fruits to act as laxatives and furnish the unknown something that prevents scurvy and malnutrition.

About the most important chemical constituent of the brain is lecithin, a body found especially in the nervous system and also in the yolk of eggs, peas, beans, and rapidly growing vegetables. But it is very improbable that these foods have any particular power to nourish the brain on this account, although they are all good foods.

A child should not try to study or do much work on an empty stomach. If it is impossible to get breakfast ready for an ambitious child who wants to study early in the morning, a glass of warm milk and piece of toast or cracker may be supplied before the regular breakfast. The child should be made to get up early enough so that it is not necessary to gulp the food down in order to get to school on time. It is well to start in early in the child's life to train it to have a regular time for the daily movement of the bowels. An infant under one year of age can often be taught to do this. The best time for this is right after breakfast, and this time should be chosen and strictly adhered to. It allows some time for the food to be digested in an older child before

starting for school, and if it was insisted upon by parents, would save much trouble in after life.

A healthy child should have a good breakfast. It is very well for those who have nothing to do but lie in bed until noon to go without breakfast, but a healthy, active boy cannot throw snowballs or jump hitching-posts on the way to school with an empty stomach, when his heart alone has done enough work during the night to correspond to a fairly good run, and then be expected to do three or four hours' hard work in school.

The hours for meals should be regular, but if a child persistently gets hungry between meals, and there is quite a long interval from breakfast to lunch or dinner, it is better to give a glass of milk and a cracker rather than to let the child take nibbles right up to lunch-time, and then have absolutely no appetite. A child does not eat as much as an adult, and the stomach is empty rather sooner than the usual four to five hours, and there is, consequently, need of food oftener.

Supposing a child gets to school at nine A.M., the breakfast should be early enough for the meal to be eaten slowly, say seven-thirty to seven-forty-five A.M.

Then the child may have a light lunch in school at eleven A.M. This may be omitted in children over ten to twelve years old. Dinner will be at one-thirty and supper at six to six-thirty, and the menu taken from the following list:

Breakfast.—Fruits: oranges, apples without skins or cores, pears, baked apples, peaches, prunes, figs, hot-house grapes with seeds removed, common grapes in older children, and strawberries with care. Cereals: oatmeal, cornmeal, hominy, rice, wheatlet, wheatena, cracked wheat, changed from time to time, with sugar and cream. Eggs, chops, steak, fish, bacon, well-made corn-beef hash, creamed potatoes, toast, dried bread and butter, brownbread, milk, cocoa, chocolate, water.

Morning Lunch.—Glass of milk, crackers, bread and butter, cold roast beef, lamb, chicken, or turkey sandwich.

Dinner.—Clear soup, beef, mutton, chicken, or turkey broth, purée of peas. Meat: roast lamb or mutton, roast beef, beefsteak, lamb chop, mutton chop, chicken, turkey, squab, game for older children, sweetbreads. Oysters. Fish. Vegetables: baked, mashed, or stewed potatoes, spinach, spaghetti with tomato sauce, stewed celery, cauliflower, asparagus, peas, beans, onions, carrots, turnips. Dessert: junket, custard, rice-pudding, jellies, ice-cream.

Supper.—Bread and milk, milk-toast, cereals, stewed prunes, marmalade, bread and butter or bread and butter and sugar, cornmeal mush with molasses or syrup.

Children up to six to seven years old should not eat ham, sausage, pork, kidneys, liver, pastries, griddle-cakes, fresh bread, hot biscuit, preserves, tea, coffee.

No definite rules can be set down for every child as to the time for meals, the number of meals, and the amount to be eaten at one time. The best guides to the child's condition are the same as in infancy, the weight and color of the lips.

The time for meals will vary with the child, the hours at school, the distance from school, and the family domestic arrangements. There is only one point I wish to mention in this connection, and that is the time for giving the heaviest meal. Shall it be at noon or at night? The following authors have been freely consulted in preparing this article: Jacobi, Holt, Griffith, Thompson, and Hogan. I cannot find that any differ on this point. It seems to be the general advice to give the heavy meal at noon, and yet there seems to be reasons why this should not be done. The question will usually be settled in any particular family by the habits of the parents; if it is the custom to have late dinners, the child will have late dinners.

The reasons why a late dinner seems advisable are: First, if the supper (and a light one at that) comes at six P.M. and breakfast at eight A.M., it means that the child will go thirteen to fourteen hours without food. Many children will become hungry during the night by this method. Second, if the heavy meal comes at noon, it means that the child has either to study or play when the stomach is taxed to its utmost capacity and when it needs all the blood at its command, and really cannot or should not spare the blood necessary for active mental or physical work. It is a well-observed physiological fact in animals as well as in man that there is a tendency to sleep after a full meal.

Such an observation is not to be neglected. It is true that children can get up from the dinner-table and play as hard as ever, often with impunity. But often it disagrees with them. Now it seems as if the proper time for the heavy meal is after the day's work has been done, when the body and mind can be at rest. By this means also a longer time is given for the digestion of the heaviest meal, the one necessitating a longer time, before food is again taken into the stomach. At any rate, it is well for young children to take their daily nap after the heavy noonday meal.

(To be continued.)

PROGRESSIVE MOVEMENTS

IN CHARGE OF

LUCY L. DROWN

THE KINDERGARTEN HOUR

By MARY ISABEL HAMILTON

To the outsider, the name "Surgical Ward" would hardly suggest at any time the possibility of an atmosphere of happiness, more particularly when the ward is filled with small children. Yet one has only to peep into Ward O, in the City Hospital of Boston, any afternoon between three and four o'clock to see the delight expressed in the countenance of each little sufferer, for it is Kindergarten time, and that means an occupation of some sort, varied for each day. First comes a story, which, when completed, is generally followed by "Oh, please, now, do tell us another;" then a song or two suitable to the season, the children enjoying very much the ones about Santa Claus, Jack Frost, and never tiring of Miss Poulsson's finger-play game of

> "Here's a ball for baby,
> Big and soft and round."

After the singing comes our work, which consists of sewing of cards in bright-colored worsted; sometimes the design is outlined, and, again, the children invent their own patterns; the weaving of mats, through which the children learn color, number, and form; the folding of paper into life and geometrical forms; the painting of fruits, varied by the children's own creations, formed by combinations of geometrical figures drawn by children and then painted; drawing, peas-work, and cutting. In all of these occupations the child is at times given free scope to use his own ideas, while at others he is told what to do. Each child's work when completed is marked with his own name and saved, so that when he goes home he takes his finished work with him. For the tiny tots not able to handle this material there are beads of all colors to string, which gives them much pleasure; also square boards are supplied filled with holes, into which the child puts brightly colored pegs. All this diversion takes the child's mind from himself, furnishes employment for

the restless little fingers, and gives him something pleasant to look forward to.

It is indeed a great satisfaction for one in the work to feel upon the arrival of the elevator that all the children able to be about, either on crutches or in wheel-chairs, will be waiting for the teacher, and as she steps forth she is greeted with sparkling eyes and a slap of the hands, thus: "Oh, here you are!" "What are we going to do to-day?" "Sewing?" "Oh, I just *love* sewing. I wish the bell would ring for the visitors to go, so we could begin." One day little M., suffering with a broken leg, said, "Please let us go right to work, for I'm going to have my dressing done, and I'm afraid if you don't hurry up the doctor will be here, and then I can't do my Kindergarten work." As she finished speaking, the doctor made his appearance. The child's face fell. I quickly prepared a sewing-card and gave it to her. She was wheeled away to the next room, from which issued not a sound. After a time she returned jubilant and remarked, "You didn't hear me scream, did you? I just worked all the time on my card, and the doctor said it was better than chloroform for me." Nothing seems too hard or troublesome for them, and they work with a will. Generally it is said, "May I do another when I finish this?" One day when this request was made I said, "Time is up, and I must be going." "Oh, dear, it just seems like five minutes since you came." "Yes," I said, "doesn't the time fly?" to which remark a small voice piped up from the bed in the corner and said, "It does when we do Kindergarten work, but if you had to lie here all day doing nothing you'd think it was awful long."

What is done in the hospital can hardly be termed "Kindergarten work," as it is simply an adaptation of some of the Kindergarten occupations to meet the needs and requirements of the children. Of course, very little development can be noticed, as the children remain so short a time except in some few instances.

Too much cannot be said in praise of the one who originated this hour of recreation for the little ones, for it is indeed a great work, and our hope is that it may always continue.

NEW DRUGS

IN CHARGE OF

WILLIAM SCHLEIF, M.D.

Instructor in Pharmacy, University of Pennsylvania

DRUGS: THEIR USE AND ABUSE.

DRUGS are substances used in the treatment of disease. The study of drugs is termed Materia Medica. In a general sense it includes everything which is known about these agents, whether they be natural or artificial, of vegetable, animal, or mineral origin.

PHARMACY deals with the various methods of preparing drugs to present them in a form suitable for administration.

THERAPEUTICS refers to the physiological action of remedies; to the effect produced on the constitution as well in health as in disease, and includes an experimental study of their action on the lower animals.

TOXICOLOGY is a study of poisons.

PHARMACOLOGY is a more general term; it embraces all the subjects relating to the study of remedies, Materia Medica, Pharmacy, and Therapeutics.

Various classifications are adopted to simplify the difficult study of Materia Medica. The drugs may be arranged according to their physical characteristics and source, the natural subdivisions of vegetable, animal, and mineral drugs resulting. Of these classes the vegetable and mineral claim the largest number, as relatively few drugs of animal origin are in use; nevertheless, the latter are of very great importance. The vegetable drugs, for convenience of study and for purposes of exact identification, are further subdivided into groups according to their botanical characteristics; thus we have natural orders, then genera, and finally species.

The animal drugs are grouped as to origin into classes and orders. This form of classification does well enough for the identification of the drug by the pharmacist, botanist, or zoölogist; but the practising physician or toxicologist is interested solely in the effect of the drug on the human organism, chiefly as a remedy in the treatment of disease. Therefore he chooses a classification as to therapeutic or physiologic effect and divides all drugs into groups like the somnifacients, excito-motors, cardiac stimulants, etc.

For the purpose of administration, medicinal substances may be divided into gases, liquids, and solids. *Gases* form a small and unimportant class. They are readily given by inhalation, enter the blood quickly by reason of the large area exposed in the capillaries of the lungs, and act more promptly than do either liquids or solids. Elimination also is rapid. Rarely they have been introduced into the rectum for medicinal effect; occasionally they are administered dissolved in liquids by way of the stomach. A certain number of very volatile liquids given by inhalation—ether, chloroform, amyl nitrite—more properly belong to the class of gases.

Liquids.—The largest number of drugs are administered in the form of liquids. The amount of medicinal action obtained from any drug—provided it is not used solely for its local effect—depends upon the more or less complete manner in which it is absorbed; the rapidity with which this is effected; to a less extent, upon the rate with which it is eliminated. Absorption and elimination usually bear a definite ratio to each other, so that a substance which enters the circulation quickly will leave the system in a comparatively short period of time. The largest number of both liquids and solids—and they form practically the entire list of drugs—admit of but one route of introduction, that of the stomach. It is perfectly evident that all solids must first become liquid before they can be absorbed by the stomach and intestine so as to produce a constitutional effect; consequently drugs are best given in liquid form whenever this is possible or advisable. The advantages of this method are ready absorption, quick action, rapid elimination; the disadvantage, the effect on the palate if the remedy be nauseating or disagreeable.

Solids.—These include three classes: mineral drugs, vegetable substances, and organic drugs other than those derived from the vegetable kingdom. Mineral drugs are best given in the form of solution—as powders, pills, capsules, and cachets. Vegetable substances must be specially prepared by the pharmacist or chemist. The third class includes those chemical substances artificially prepared by the chemist, such as the coal-tar derivatives (antipyrin, phenacetin, antifebrin, etc.). The pharmacist's art is necessary for the preparation of most drugs. A perfect pharmaceutical preparation should be effective, so as to represent the full therapeutic value of the drug; permanent, so as to keep for at least a reasonable length of time; appear as pleasant as possible to the eye; it should not offend the palate by its taste and too bulky dose. All of us prefer a glass of pure spring water to the dirty product of the city hydrant; and patients, who are made doubly sensitive by disease, naturally prefer clear and palatable preparations. It is therefore the phar-

macist's aim to present drugs in a form which is most effective and at the same time results in the least amount of inconvenience to the patient. The druggist is just as careful about the appearance of the preparation itself, as he is about the neatness of the finished package; both often form the only gauge by which the patient can estimate his professional ability.

NOTE.—By far the simplest method of administering a solid is in the form of *powder*. We hasten in this way the solution of a substance by increasing the amount of surface exposed to the digestive juices. Not all drugs are suitable: they should be tasteless or at least have no nauseating or otherwise disagreeable effect on the palate; they must remain unaffected in air,—neither attracting nor losing moisture,—be non-volatile, and their dose should not be so large that the quantity of the powder becomes nauseating merely by its bulk. Again, some patients object to the taking of a dry powder, and another method should be selected.

(To be continued.)

HOSPITAL AND TRAINING-SCHOOL ITEMS

IN CHARGE OF

LINDA RICHARDS

As a diversion to their more arduous task of attending the sick, the nurses of the Presbyterian Hospital, Philadelphia, have constituted themselves into a fire brigade and are taking regular lessons in the art of extinguishing flames. The cause of their sudden enthusiastic activity in this direction was a recent order promulgated by the Board of Directors of the hospital to the effect that every employee in the building be initiated into the secret of handling the fire-hose. By the many nurses the order was regarded as a sort of respite from their usual duties, and was immediately hailed with unconcealed delight. For many years the question of equipping the hospital with hose and other fire paraphernalia has engrossed the attention of the directors at their monthly meetings. Continual agitation finally had the desired effect, and now the whole building is thoroughly equipped with fire-fighting devices of all descriptions.

The male employees of the hospital are quartered on the fifth floor of the building, and in case of fire they will be aroused by Night Superintendent Linton, who is situated near a large brass gong. The men seem imbued with a practical view of the new system, and go through their drills without displaying any interest whatever or admitting that the thing is a novelty.

The nurses, however, derive all sorts of pleasure from the drill, and while all shudder at the thought of a fire, they promise to do their duty when occasion requires.

THE Manhattan Maternity Hospital and Dispensary, New York City, is a gift to the poor of the East Side from a man who has long been interested in the question of the betterment of East-Side conditions. He has not only given the money to purchase the site and erect the buildings, but he has also endowed the hospital to such an extent that it will be entirely independent of other contributions.

Several possible sites for the new hospital are under consideration, but the one that will probably be selected is near Seventieth Street and First Avenue. In fact, negotiations for property in that neighborhood are now going on. As soon as the site has been selected the plans for the

buildings will be drawn and the work of putting up the hospital will begin. It is hoped to begin the work within a month and have the hospital ready for use by next year.

The buildings will occupy almost an entire block, and will include, besides a hospital, a dispensary and a training-school for nurses. The hospital will be equipped with all the most modern appliances, and will have a large corps of doctors and nurses, with accommodations for them. Most of the beds will be free, but there will be a limited number of paid beds also.

THE Union Hospital, of Lynn, Massachusetts, has bought the Tapley estate in Linwood Road, that city, consisting of a house containing twenty rooms, and a lot of land with an area of twenty-five thousand square feet.

The building is in condition for immediate occupancy, but some improvements will be made before patients are received in order to make the hospital attractive and pleasant. Forty patients can be cared for in the several private rooms and the two large wards. Several individuals have promised to donate one bed each, with all the furnishings complete, ready to receive a patient, for the privilege of naming the bed in the memory of some relative or friend. Several fraternal bodies have agreed to pay a certain sum annually to maintain a bed which shall be free to members of their order. A lay board of management is provided for by the articles of incorporation. This will consist of twelve men and twelve women, to be selected from the representative people of the city.

BY the will of Stephen Symmes, of Arlington, Massachusetts, which was offered for probate March 15 at the Middlesex Registry of Probate, the bulk of the property, amounting to about twenty-five thousand dollars, is left to found a hospital and nurses' training-school in Arlington.

The Symmes place, two and a half acres of high land with a house and farm buildings, is an ideal location for a hospital. It is about a mile from the centre of Arlington, on old Mystic Street, just off the road to Winchester. Though only a few minutes' walk from the electric cars, it is well sheltered from the travelled highway. The house overlooks the beautiful chain of Mystic lakes, with the valley parkway and the ancient Brooks estate on the other side.

The testator furthermore requests that the name Symmes, or Stephen Symmes, shall be a part of the designation of the hospital.

THE Medical College and Dispensary building of the Bellevue Hospital group, New York City, is to be changed into a maternity hospital, dispensary, and dormitory. The changes, which will be made to the

interior of the building, have been estimated to cost twenty thousand dollars. The object of this change is to bring all departments of the hospital within the Bellevue yard at East Twenty-sixth Street. At present maternity cases are cared for in a building rented by the city on Twenty-sixth Street between Second and Third Avenues. Besides involving an extra expense for rent, this causes some trouble to the hospital staff, as these wards are a block and a half away from the main hospital.

STRONG influence is being brought to bear on the Legislature of New Jersey for the passage of the pending bill to appropriate fifty thousand dollars for the construction of a State hospital for the treatment of consumption. At a hearing before the Executive Committee Dr. Flick, of Philadelphia, said that in Germany, Massachusetts, and New York it has been proven that in government sanatoriums forty per cent. or more of the cases of tuberculosis were curable. Consumption now causes one hundred thousand deaths a year in the United States. With regard to the spread of the disease, Dr. Kopp, of New York, said a consumptive in the early stages of the disease expectorates seven billion bacteria a day.

MARCH 7 fire destroyed the Astoria Institute, Astoria, New York, a retreat for men suffering from alcoholism. The big building was isolated, and although the entire fire department of the First Ward of Queens, two engines from Brooklyn, and a fireboat were summoned, the building burned down slowly, while the firemen could do little.

The fire burned so slowly that practically all the contents of the building were got out. All the patients left in order, and were driven in coaches to another near-by sanatorium.

JOHN STEWART KENNEDY, the president of the Board of Managers of the Presbyterian Hospital, New York City, is about to build and present to the hospital a modern and well-equipped home for its nurses. The building is to cost about three hundred thousand dollars, and will be located directly opposite the institution. It will be eight stories high, and is designed to contain a gymnasium, roof garden, and other accessories for the benefit of the nurses of the hospital.

THE City Council of Cedar Rapids, Iowa, has donated a tract of land two hundred by three hundred feet, corner of B Avenue and Fifth Street, to the Sisters of Mercy, who will erect during the coming season a hospital to cost not less than fifty thousand dollars. Abraham Slimmer, the noted Waverly philanthropist, has agreed to give one dollar for every dollar raised in this city by the sisters up to fifty thousand dollars. Many liberal subscriptions are now in sight.

MAIL advices received here from the Orient report that the hospital attached to the Tokyo, Japan, University was burned on January 29 and twenty-one patients were burned and eleven nurses and attendants were injured. It was a wooden structure, and there were ninety-six patients in it at the time of the fire, which burned from four to six A.M. The hospital was for the treatment of the cases of particular interest and had one hundred and fifty free beds.

THE nurses of the Massachusetts Homœopathic Hospital Training-School, Boston, have organized a Young Women's Christian Association. The society was formed October 12, 1900, and it now has a membership of twenty-six. It is felt that the association has been and will be a help and inspiration to nurses, who as a class have so little opportunity to cultivate the spiritual side of life.

A NEW brick and brownstone hospital building, five stories in height, will be erected in One-Hundred-and-Thirty-sixth Street, near Amsterdam Avenue, New York City, for the Hebrew Benevolent and Orphan Asylum Society, at an estimated cost of seventy thousand dollars. The new hospital will be used for emergency purposes, and will occupy a plot one hundred by fifty feet.

AT the town meeting in Brookline, Massachusetts, held March 27, an appropriation of eighty-six thousand five hundred dollars was unanimously voted for a new contagious hospital, with plans for early isolation of suspected cases, and comfortable quarters for those detained after the serious symptoms have passed till they can safely be permitted to mingle with well people.

A BILL was introduced in the New York Legislature to provide for the establishment of a hospital for the treatment of acute mental and nervous diseases in the city of New York, to cost not more than three million dollars, and appropriating two hundred and fifty thousand dollars for its maintenance.

THE Presbyterian Hospital, Philadelphia, treated three hundred and twelve patients in the hospital and fifteen hundred and ninety-one persons in the dispensary during the month of February. The Board of Trustees have created a department of laryngology and rhinology in the hospital and elected Dr. Arthur H. Cleaveland to take charge of it.

A SIX-STORY brick sanatorium will be built on the forty by seventy-nine feet plot, Nos. 154-156 East Seventieth Street, New York City, by Annie R. Warren, of Deerfield, Massachusetts, for the Mulhall-Warren

Company. It will cost one hundred thousand dollars. It will be equipped with a complete gymnasium and a plunge bath.

CHARLES A. FELLOWS has been awarded the contract for rebuilding Stormont Hospital, Stormont, Kansas. The portion which was destroyed by fire will be replaced on a more substantial plan than was adopted in the original building. The walls will be solid instead of veneered, and the size of the rooms will be somewhat enlarged.

ARCHITECTS have been invited to present designs for the new hospital buildings of the German General Benevolent Society to be erected on the property bounded by Noe, Castro, Ridley, and Fourteenth Streets, San Francisco. Over two hundred and fifty thousand dollars will be expended on the proposed improvements.

MISS L. L. DROWN, superintendent of Training-School, City Hospital, Boston, is having a two-months' vacation, which she is spending in Southern California. Miss Mary M. Kiddle, "South Department," Boston City Hospital, takes Miss Drown's place while she is away.

PLANS have been completed for a fifty-thousand dollar hospital at Oshkosh, Wisconsin, to be built in the business portion of the city. At the present time forty thousand dollars has been subscribed. The institution is to be operated by a stock company.

MISS MOSSER, graduate of the University Hospital Training-School, Philadelphia, has been appointed superintendent of nurses at the Medico-Chirurgical Hospital to take the place of Miss J. S. Cottle, resigned.

THE graduates of the Central Maine General Hospital Training-School have adopted a school-pin which is eliciting favorable comment. The school's motto is engraved on garlands hung on a pine-tree.

AN appropriation of forty-nine thousand seven hundred and fifty dollars has been granted for further construction of the Hospital for Insane Convicts at Dannemora, New York.

MISS ELEANOR RYAN, who for two years was in charge of the Noble Hospital, Westfield, Massachusetts, has been appointed superintendent of Heaton Hospital, Montpelier, Vermont.

MR. THOMAS W. LAWSON, of Boston, has given to two Boston charities, the West-End Nursery Hospital and the Crippled Children's Home, each five thousand dollars.

MISS ISABEL MCISAAC, of Chicago, is taking a much-needed rest, and is staying with friends in Southern California.

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF

MARY E. THORNTON

THE CONGRESS OF NURSES

FOREIGN DELEGATES TO THE NURSES' CONGRESS.

A MOST cordial letter has been received from the president of the Australasian Trained Nurses' Association, wishing success to the Congress and informing us that their association will be represented by an official delegate, Miss S. B. McGahey.

Those who were at the World's Fair Nursing Congress will be much pleased to hear that Miss Amy Hughes, who was there as an English delegate, will again be a delegate to the Buffalo Congress. With her will come Miss C. T. Wood, equally well known by name and reputation. The organizations and interests that these delegates will be authorized to represent will be announced later. They come from the Midwives' Institute and Trained Nurses' Club, which represent a multiplicity of nursing organizations.

In a later number we expect to give sketches of the lives and work of our delegates.

THE INTERNATIONAL COUNCIL OF WOMEN

THE memorandum sent in December last by the president of the International Council of Women, Mrs. May Wright Sewall, to the presidents of the National Councils of the different countries gives a most interesting resumé of the work of this vast international body of women, with which we have allied ourselves through our membership in the National Council of Women of the United States. We ought now to familiarize ourselves with their doings, and though not all nurses can be fortunate enough to attend congresses where thoughtful women from all parts of the world meet to discuss serious themes, we can all follow the reports of their progress and cultivate an interest in the large questions which they discuss.

We learn from this memorandum that there are now National Councils of Women in the United States, Canada, Germany, Sweden, Great Britain and Ireland, Denmark, Holland, Switzerland, New Zealand, New South Wales, Tasmania, Italy, and France. These National

Councils all represent the affiliation of many separate organizations within the country itself, and they all send representatives to the International.

Austria, Greece, and Russia were represented by honorary vice-presidents, National Councils not yet being complete in those countries. Norway expects soon to be ready to enter. Mrs. Sewall says in her comments: "It is most interesting to observe that the reports from all the countries into which the council idea has been introduced show not only that it fosters internationalism, but that it strengthens the spirit of nationalism and weakens sectional antagonisms. The deepening of the sentiment of fraternity and an ever widening application of it are the certain fruits of council work."

At the Paris Exposition last summer a series of conferences was held at the head-quarters of the International Council of Women, "at which the constant theme was internationalism. The particular aspect of the subject was, How may a reciprocally profitable internationalism be promoted by women? The methods suggested were more numerous than the nationalities of the different speakers, but upon two points all, speakers and auditors alike, were unanimous. It was the common thought that the next step in the development of civilization must be such a consciousness of common interests among different nations as will make them realize that, in the language of the Master, they are indeed 'all members of one body,' that 'no member can suffer that the whole body does not suffer with it, and neither can any member be exalted that the whole body does not rejoice with it.'

"This conception of internationalism implies that antagonism shall be replaced by sympathy and competition by coöperation. If ever the subordination of the egotism of particular patriotism to the sentiment of inclusive humanity was illustrated it was in these conferences.

"One demand made by the speakers of every nation was always cheered by at least ninety per cent. of the audience,—viz., the demand for a permanent Court of Arbitration, for the cessation of war, and the substitution of peaceful for military methods. The cry of every conference was the title of Baroness von Suttener's book, 'Lay Down your Arms.'"

In the condensed reports of the different councils one finds many interesting items.

The Canadian Council was engaged by the Dominion Government to prepare a hand-book of the work of Canadian women at the exposition.

The German Council publishes a monthly magazine edited by the president.

The Danish Council also publishes a paper (in which, by the way,

may be seen from time to time notes of our nursing work and organization in America) and has adopted the principle of an equal moral standard for both sexes, for which cause it is making a strong propaganda.

Special features of the British Council are its Industrial Committee and its Employment Bureau for Educated Women.

THE INTERNATIONAL COUNCIL OF NURSES

Miss Keith Payne, matron of the Wellington District Hospital, Wellington, New Zealand, has consented to take a seat in the International Council of Nurses as honorary vice-president to represent New Zealand.

GRADUATES OF NEW YORK INFIRMARY ORGANIZE

An Alumnæ Association has been organized by the graduates of the Training-School for Nurses of the New York Infirmary for Women and Children. Meetings are to be held the first Monday in each month from October to June in the Nurses' Parlor, 327 East Fifteenth Street.

BOSTON AND MASSACHUSETTS GENERAL HOSPITAL TRAINING-SCHOOL ALUMNÆ

The regular meeting of the Alumnæ Association of the Boston and Massachusetts General Hospital Training-School for Nurses was held at the Thayer Library February 26.

After transacting the routine business, the special meeting which was called to revise the constitution convened.

There were a number of changes to be made in the old constitution, and the association is greatly indebted to the committee, Miss Florence F. Rice, Miss M. E. P. Davis, and Miss M. B. Brown, for the excellent work which they did in this revision, the most notable change being the name. There are to be eight regular meetings during the year instead of three, as formerly, and it was decided to have two forms of membership,—active and honorary. It was voted that "former superintendents of the Boston Training-School for Nurses who are eligible for membership in their own alumnæ may become honorary members of the association. Their names having been presented to the association at an annual meeting, they must be elected by a unanimous vote of the members present."

Letters of acceptance of honorary membership from Miss Linda R. Richards, Miss Anna C. Maxwell, and Miss J. E. Sangstor were read.

There has been a real revival of interest in the Alumnæ Association. Many new names have recently been added to its membership list, and it is hoped that the more frequent meetings will keep a larger number of nurses in touch with the association.

The alumnæ badge is a very attractive pin of white and gold engraved with the State seal; it is hoped all new members who have not already secured one will do so.

The course of lectures on sociological topics given during the winter was well attended. They were held in the old amphitheatre in the dome of the Massachusetts General Hospital, and proved of great interest to those who were able to attend.

STUDY COURSE OF THE ASSOCIATED ALUMNÆ

THE New York members of Associated Alumnæ met for the last time this season with the nurses of the Settlement in Henry Street on Wednesday, March 27. After an interesting outline of the purpose and work of these neighborhood houses was given by Miss Wald, Miss Dock announced she would be glad to conduct any of those present who might wish to see the out-door field of the Settlement nurses' work. It seemed that everyone was desirous to make the tour, so, having been well fortified from the tea-table presided over by Miss McDowell and Miss Wald, and beginning with the first aid room in the basement, the members were piloted across East Broadway and through Hester Street. The scene that meets the eye here is like to none other in the city, for here is the Russian Market; all along the curbing are the pushcarts with the various wares and edibles piled upon them and completely surrounded by the denizens of the tenements, so that to make any progress at all one must take to the street, and the middle of it at that; but right in the midst of this teeming population, when you are convinced that one-half not only does not know how the other half lives but that it does not care, or, worse, does not want to know, you are confronted by magnificent proof that it does care and does want to know, for here, on the site of one of the worst tenement districts, is the open-air play-ground. No comment is necessary. Go and see this spot; then will you realize that New York is at least awake to her responsibilities; someone is on night duty. Reluctantly the visitors moved on and proceeded through Allen Street to the other house in Henry Street, where, through the kindness of the gentleman who supports the house for workers connected with the Church of the Sea and Land, one floor is given over to Settlement nurses. The next point visited was the dispensary newly opened in

Mulberry Bend, and then, with a visit to the always interesting Chinese quarter, the members dispersed, each feeling that she had lived much for one short afternoon.

This finishes the study course for the year, and it is hoped that next year's work may be along the lines indicated this winter. Three very interesting clinics have been given by Drs. Elliott, Abbe, and Weir at the Presbyterian, St. Luke's, and Roosevelt Hospitals respectively, and the members are very grateful to the doctors for giving so much of their time. Thanks are due the New York Alumnæ for the entertainment provided by them on March 13 and for the interesting papers read upon that day; to the Bellvue Alumnæ for the privilege of hearing Mrs. Duryea deliver her lecture upon "Success," and to the Post-Graduate Alumnæ for a visit to the Ward's Island Hospital.

PRIVATE "NURSE"

For the benefit of the "Private Nurse" in April number the following letters are printed:

"My dear Miss Secretary: Last week the report of the third annual convention was sent me by a friend. It is just what we need to enlighten our alumnæ. They are anxious to understand the work of alumnæ associations and wish to unite with the National Association. Will you kindly send application-blank and also some reports of the Third Annual Convention for distribution among our members. Enclosed kindly find check to cover cost of reports, mailing, etc.

"Very truly,

"____ ____"

"My dear Miss Secretary: . . . The standard of nursing down here, I am told, is something dreadful; graduate nurses work for any price, ethics are unheard of, and nurses seem to have no position. If you will send me a few subscription-blanks for magazines I'll try to get some subscribers. I really feel like taking the platform.

"Very truly,

"____ ____"

These letters come from different parts of the country, and will show "Private Nurse" that she is not the only one having a hard time showing nurses the advantage of belonging to an organized body. It would seem that if a nurse who asked the question, that one with which we are so familiar, "What benefit is it? What good does it do?" would proceed to read up the record of the National Association from the time of its organization, the minutes of the conventions will tell her what has been accomplished. It does seem strange that nurses do not take hold of their organizations and build them up. Take the Journal, for in-

stance; it has a large subscription list, but how much it might be augmented if every nurse would try to obtain even one new subscriber. Why this week a nurse belonging to an alumnæ association and living in one of the large Nurses' Registries in New York City saw and heard of the JOURNAL for the first time, and the seventh number out!

OLD DOMINION ALUMNÆ

MISS CABANISS LEAVES OLD DOMINION NURSES' SCHOOL

MISS S. H. CABINISS, the founder of the Old Dominion Training-School for Nurses, has severed her connection with the Training-School. Miss Cabaniss has been in charge of the school for the past seven years, and her leaving the institution is the source of much regret to all who have been associated with her.

An enthusiastic meeting of the Old Dominion Hospital Alumnæ Association was called upon petition of four of its members at the Nurses' Club on April 1, the secretary in the chair, the president and vice-president being out of town.

The motion to appoint a committee of three to adopt resolutions regarding the resignation of our valuable and beloved superintendent, Miss S. H. Cabaniss, was unanimously carried.

The resolutions adopted are as follows:

"WHEREAS, Miss S. H. Cabaniss founded the Old Dominion Training-School for Nurses, and has had charge of same for seven years; and

"WHEREAS, She has taken the lead in raising the standard of nurses and nursing throughout the State of Virginia: be it

"*Resolved,* That the nurses of the Training-School of the Old Dominion Hospital and of the Alumnæ Association desire to convey to her their appreciation of the good work in the training-school, and of her interest in them not as a superintendent, but as a friend; also be it

"*Resolved,* That the nurses of the association desire her continued interest in them.

"CAROLINE JOHNSTON,
"C. V. AUSTIN,
"A. GULLY."

It was further voted that the resolutions be placed upon the minutes and a copy forwarded to her, and that they be published in the daily papers and THE AMERICAN JOURNAL OF NURSING.

Further, as a slight token of the association's appreciation of one who has done so much to raise the standard of nursing in the South and

who has always been ready with words of sympathy and advice, a loving-cup was voted her.

The proposition to organize a better equipped nurses' club as a home for our nurses, to provide a meeting-place for the advancement of professional work, including a reading-room supplied with daily papers and medical and nursing journals, and to provide a department for registration, etc., the same to be under the auspices of the Alumnæ Association, was laid upon the table, so as to give out-of-town nurses the opportunity to vote at next meeting. Three young women who had been in the hospital for periods varying from one to six months were reported as wearing the pupil nurses' garb and working as Old Dominion Hospital nurses. Two had shortly discarded the same. One will be written a letter by the superintendent and signed by the hospital staff and president of the Lady Board of Managers requesting her to discard the same at once. After transacting other matters of business the meeting was declared adjourned, to meet again on April 29 at four P.M.

THE NEW YORK STATE NURSES' CONVENTION.

THE New York State Nurses' Convention met in Albany on April 16. Through the courtesy of Dr. McDonald and the Mayor of the city, the Council Chamber of the City Hall was placed at the disposal of the nurses. The convention was called to order by the chairman of the State Committee on Organizing a Convention, Miss Sylveen Nye, of Buffalo, who addressed the meeting. Miss Nye said in part:

"Some one has said, 'Know what you want to do, then do it.' We have met here to form a New York State Nurses' Association, the object of which shall be to raise the standard of the nursing profession; to make better nurses; to help those of us already in the work to be broader, more intelligent, more useful; to help us to grow, to develop, for association means growth, means development.

"We believe the proper means of attaining this desired purpose is by suitable legislation: not a legislation by a few for a few, but legislation that will affect all nurses and hospitals beneficially, that will bring about better teaching, better conditions for all nurses, better nursing for all classes of people, and legal recognition of our profession. . . .

"Granted that we know what we want to do, and why, do we know how it is best to be accomplished? That brings me to the purpose of this meeting. To quote from a recent editorial of THE AMERICAN JOURNAL OF NURSING, 'the question is not, *Shall* we organize, but *How* shall we organize?'

"Again, quoting from a recent editorial in *The Trained Nurse:* 'Any New York State nurse who attends the Albany Convention may be sure of an opportunity to speak and a courteous hearing.'

"Let every woman present speak as her conscience and judgment dictate. Let us discuss things openly, slowly, carefully, and argue all things in a dignified, kindly spirit. . . ."

Miss Nye then announced that it was in order to nominate a chairman for the meetings. By a unanimous vote she was made chairman, and Miss Hall, of Jamestown, was appointed secretary and treasurer *pro tem.*

The chair then stated that the afternoon would be given up entirely to informal discussion; no votes or action would be taken until the following day; that the chief points to be discussed were the form of organization to be adopted and membership qualifications, and that at the termination of the discussion she would ask the convention to nominate a committee who should present an outline of a constitution on the following day.

The discussion which followed was confined largely to the first point, viz., form of organization. Many advocated individual membership, believing that this would give a larger and more widespread association. Others argued for local organizations with representation in the State society, on the grounds that this method gave a stronger and more orderly body. Miss Damer and Miss Palmer advanced the method adopted by a State Medical Society as showing a way to combine the two. This is, to admit individuals as members until a certain number in the same locality have joined, and then to require them to organize locally and admit future members through this local circle.

The question of membership qualifications was not taken up on the first day.

The committee appointed from the floor to present a draft of constitution was as follows:

Miss Spencer, delegate Presbyterian Hospital Alumnæ, New York City; Miss Cadmus, superintendent Faxton Hospital, Ithaca; Miss McDonnell, superintendent Albany Hospital; Miss Damer, president Buffalo Nurses' Association; Miss Allerton, superintendent Rochester Homœopathic Hospital; Miss Alline, in charge Teachers' College Course for Nurses, Columbia University; Miss Waterman, delegate Methodist Episcopal Hospital, Brooklyn; Miss Soulé, private duty; Miss Sanford, delegate Monroe County Association.

It was voted that the committee should draw up a constitution only, leaving by-laws for a later meeting.

The meeting then adjourned.

The next day the meeting was called to order at nine o'clock, and began by voting on the motion, "*Resolved,* That we do form a State Society," offered by Miss Bower, delegate Metropolitan Nurses' Club, New York. The vote was in the affirmative.

The committee then brought in their report, containing four clauses. The first stated the name, "New York State Nurses' Association." This was carried.

The second dealt with the objects of the association, which shall be furtherance of educational and professional standards, and cultivation of cordial relations with nurses of other States and other countries. [N. B.—This is only an abstract of the second clause, the exact text of which is not in our hands.] It was carried.

The third clause, being a general proposition to the effect that graduate nurses residing in New York State would be members, was voted struck out, to be covered entirely by the by-laws, for two reasons, —viz., that a membership clause is not required by incorporation papers, and that the complexity of the question made it inadvisable to deal with it generally.

The third clause was passed, providing for officers: a president, a first vice-president, a second vice-president, a secretary, and a treasurer.

A Nominating Committee was then appointed from the floor, as follows: Miss Palmer, Miss Cadmus, Miss Thornton, Miss Detwiller, Miss Dock. The election of officers followed. These were elected:

Miss Nye, president.
Miss Merritt, first vice-president.
Miss Young, second vice-president.
Miss Sanford, secretary.
Miss Thornton, treasurer.

Miss Nye graduated from the City Hospital, Indianapolis, founded the Buffalo Nurses' Club, and was its first president.

Miss Merritt is a graduate of Bellevue Hospital, is superintendent of nurses in the Brooklyn Hospital, and is a member of the Superintendents' Society and of the International Council of Nurses.

Miss Young is a graduate of the New York Hospital and represents that Alumnæ Association.

Miss Sanford is a graduate of the Rochester City Hospital and a member of the Monroe County Association.

Miss Thornton is a graduate of the Post-Graduate Hospital, New York City, and is the secretary of the Associated Alumnæ.

Miss Palmer moved that the nurses present be enrolled as charter

members of the new society, and that they each pay one dollar as initiation fee, to defray the present expenses. This was done.

Miss Damer moved that the next meeting be held in Buffalo, at a date to be fixed by the officers. Carried.

A committee of five was named from the floor to confer with the officers in drawing up by-laws.

The meeting then adjourned.

The names of those present were:

Annie Damer, delegate Buffalo Nurses' Association; Julia E. Bailey, delegate Rochester Homœopathic Hospital; Martha O'Neill, delegate St. Mary's, Brooklyn; Elizabeth C. Sanford, delegate Monroe County Association; Eunice A. Heutig, delegate City Hospital Alumnæ; Mary Brooks, Saratoga; Ida R. Palmer, New York; Annie R. Young, delegate New York Hospital Alumnæ; Emma J. Keating, Buffalo; Anna Lowell Alline, New York; Mary E. Thornton, delegate Post-Graduate Hospital Alumnæ; Christine Hall, Jamestown; Marion Detwiller, delegate Graduate Nurses, Jamestown; Eleanor A. Underhill, delegate Alumnæ S. R. Smith Infirmary, Staten Island; Elizabeth M. Burns, delegate Roosevelt Hospital Alumnæ; Lillie L. Waterman, delegate Methodist Episcopal Hospital, Brooklyn; E. H. Hall, Brooklyn; Nellie W. Lee, New York; S. V. Nye, Buffalo; L. L. Dock, delegate Alumnæ of New York Training-School attached to Bellevue Hospital; M. Isabel Merritt, Brooklyn; Mary Eva Allerton, Rochester; Sophia F. Palmer, Rochester; Anna J. Smith, delegate Alumnæ St. Luke's, New York City; Hermione D. Stone, New York; Nancy E. Cadmus, Utica; Frances Black, Rochester; Sophia Edwards Spencer, delegate Presbyterian Hospital Alumnæ, New York City; Mrs. Juliette Lee, New York; Jane G. Roberts, Utica; Gertrude B. Cleveland, Utica; Mrs. Jean Campbell, delegate Alumnæ Mt. Sinai Hospital, New York City; Laura Haltern, delegate German Hospital Alumnæ, New York City; Tillie Both, New York; Isabel Gahn, St. Lawrence State Hospital, Ogdensburg; Anne F. Jesttey, St. Lawrence State Hospital, Ogdensburg; Anna Davids, delegate Alumnæ Long Island College Hospital, Brooklyn; Helen S. Couzens, Vassar Brothers' Hospital, Vassar; Mrs. Minerva J. Martin, Albany City Hospital; James J. Coakley, delegate Alumni Mills Training-School attached to Bellevue Hospital; Annie Coughlin, May Gifford, Sara A. Burton, Mary Curtice, Rochester; Florence Hutcheson, Albany; Margaret Woodworth, Albany; Margaret Anne Soulé, Albany; Marie A. Mowat, Middletown State Hospital; Louise Bower, delegate Metropolitan Nurses' Club, New York City; E. Robertson, New York; Mrs. M. L. Smith, New York; Amy H. Schwartz, Gloversville; Lillian B. Best, Gloversville; Mrs. H. A. Staley, New York; Miss L. M. Root, New York City; Margaret M. Wallace, Rochester.

FOREIGN NEWS

IN CHARGE OF

LAVINIA L. DOCK

LETTERS

FROM OUR SPECIAL ENGLISH CORRESPONDENT

(Continued from page 523)

ARMY NURSING IN SOUTH AFRICA

To the nursing world here the topic of the hour is the care of the sick and wounded in South Africa. Following on his courageous action in making known to the public through the press the condition of our poor soldiers at the front, Mr. Burdett-Coutts, M.P., has just issued a brochure entitled "The Sick and Wounded in South Africa." It is a calm statement of facts, and will rank as a reliable reference on the subject years hence, when the heat and bitterness of party politics have died away. The book contains a valuable suggestion as to organization in future wars, namely, that base hospitals should, as pressure upon the army corps increases, be deputed to civilian care by the government. The regular medical staff, Army Sisters, or male orderlies would thus be free to move on to the front, and adequate provision would be made for the sick without maintaining an unwieldy and unduly large army corps in times of peace.

Following close upon this book came the "Report of the Hospitals Commission," which was eagerly awaited, and which is a voluminous Blue Book of 70 folios. To review this "Report" adequately I should require your whole JOURNAL, but I must tell you that the commission recommend the appointment at an early date of a departmental or other committee of experts, military and medical, to report on a number of suggestions, from which I quote those of special concern to us:

"3. The attraction to the Royal Army Medical Corps of a sufficient and regular supply of officers of good professional attainments; and the improvement of the position of the officers by the allowance of sufficient holidays; and by provisions enabling them to become adequately acquainted with the advancements in medical and surgical science; and the necessity of employing in the higher posts men selected for their merits rather than by seniority.

"4. The employment, to a greater extent than that recognized and practised until the later stages of this war, of nurses in fixed hospitals for the care of the wounded and of fever and dysenteric patients, and such others as can properly be nursed by females.

"5. The appointment of properly qualified officers of the Royal Army Medical Corps to undertake sanitary duties.

"And with regard to other matters:

"6. The improvement of existing ambulance wagons.

"7. The selection and employment of the form of hospital tents best suited for the reception of sick and wounded in a campaign."

The anomalous position of women at the present time can be gauged from the fact that though it was the duty of the commission to consider and report upon the care and treatment of the sick and wounded during the South African campaign, no trained superintendent of nursing was placed upon it to give expert assistance or practical nursing points.

So egregious did this omission appear to the leaders of the nursing profession in England, that the Matrons' Council felt compelled to bring it to the notice of the leader of the House of Commons; not with any hope, I am bound to own, that a trained nurse would be added to the members of the commission.

Nor was she!

Trained nurses on both sides the Atlantic will notice with regret that no mention is made of a nursing expert to coöperate with the military and medical experts, recommended for this committee to thrash out the question of army medical and nursing reforms.

And this at a moment when the whole world combines to acclaim a woman the greatest monarch of the ages!

UNION JACK.

[Our interesting and public-spirited correspondent does indeed put her finger here upon an inconsistency; yet it is no greater than that which obtains between the cruel and ruthless Genius of War and the cherishing and guardian care of the Woman Spirit, so that it has never been incomprehensible to us that there should be the conflict between the two. Hasten the day when civilian hospitals so abound in the realms of war, and women nurses so replace the old orderly, that the war spirit may die away and give place to a better kind of civilization.—ED.]

FROM OUR CORRESPONDENT IN ITALY

(Continued from page 447)

OSPEDALE CLINICO, NAPLES, ITALY.

The nurses take temperature, pulse, and respiration, do up the bed-patients and wash and comb the others, catheterize and give douches, prepare for surgical rounds and medical emergencies and assist at operations, distribute the medicines and give hypodermics. Of late they have even been allowed to undertake the parenchymatous hypodermic injections which the doctors here prefer for the mercurial treatment.

What they do not do I will try to explain.

They are not allowed to make temperature charts, lest they should presently usurp others of the doctors' functions, but I have taught them unofficially to keep special charts of any interesting case.

They may not make beds in the morning except for regular bed patients, the bed-making time being four P.M., and not every day of the week either. In the men's wards the servants are forbidden to turn the mattresses except on Thursdays and Sundays, though the sheets may be changed several times a day. There is carte-blanche in regard to linen. The reasons for this extraordinary

regulation are two: first, because the floors are washed daily at five A.M. by the servants, and any subsequent bed-making would nullify their work (sweeping being also prohibited), and, second, because there is so much phthisis in the wards that it is inadvisable to make much dust; for the same reason sheets are not allowed to be shaken out in the wards.

Bed baths are permitted in theory, but are merely tolerated in practice. For this reason I have to get them done in the early morning, before the directors and the ward doctors appear, lest on some inauspicious day they be prohibited altogether. And this, in the women's wards. In the men's wards, although I might myself bathe any patient, the permission is not extended to my nurses, who may only wash the men's faces and hands. The general ablutions are entrusted to the servants, who take advantage of the loop-hole of escape and bathe no one. Nor can I insist.

Diets are entirely out of the province of the nurse, except in the matter of feeding helpless patients, and under no circumstances would she be allowed to enter the kitchen. Before the training is finished they will go through a course of cooking, but it will be given outside the hospital. Except in special cases, the diets consist of full rations, half rations, and liquid. There is no such thing as our soft diet, for the Neapolitans do not eat puddings or custards, and would turn in disgust from milk-toast. The full ration is: one loaf of bread, a bowl of macaroni, two pieces of meat, a glass of wine, and a plate of fruit, all distributed at the midday meal. For breakfast and supper one glass of milk is allotted to each patient, who takes it with whatever he may have saved from dinner, the macaroni only not being allowed to be kept. The ward cleaning is done by the servants, of whom there are three to each ward. Their business is to keep the place dusted, washed, and burnished, and I must say for them that, with due allowance for circumstances, they do their work well. The director does not wish the nurses to interfere with this part of the work as a rule, so that they only do it in exceptional cases. I feel the less troubled about this, as all my nurses are taught housework at home.

The disinfection of utensils, linen, etc., and the sterilization of nozzles, catheters, and instruments are entrusted to the nurses.

Medical rounds are carried on in a very delicate manner when we are present, a feature due to the refining influence of the chief. Even in the men's wards there is nothing which could shock the most puritanical mind, so that the pupils' parents, who at first stipulated that their daughters should nurse only women, now prefer these wards to the others. The only difference in the system of rounds is that the ward doctors' assistant takes down the orders instead of the head nurse. The prescriptions are written out daily for each patient by the assistant, the ward doctor signing.

The medicines, already diluted when in the liquid form, arrive at about mid-day, done up in different packets and bottles, with the number of each patient pasted on the label, where the prescription is written out in full, and the dose is enough for twenty-four hours. This arrangement was originally made, I suppose, to prevent mistakes when the servants were entrusted with the distribution of drugs. As my nurses do not remain at night, it is just as well to let it remain. There is, however, in the closet a supply of medicines which the nurses distribute after rounds, and among them are also the drugs for hypodermic use and for emergencies.

G. BAXTER.

A LINE FROM BRAZIL

A MOST friendly letter has been received from Miss Jackson, matron of the Strangers' Hospital, Rio de Janeiro, Brazil, expressing interest in the Congress, from which we quote a few lines:

"I am only sorry that I shall not be able to avail myself of that great treat (the Congress), but, unfortunately, my holiday does not fall due again until the following year, when I do hope to visit the States and go through some of the hospitals that I have heard so much about. . . .

"This part of America must be very different from yours. . . . I came out here as one of the pioneer nurses in 1892, and after two years was made matron. I can hardly describe to you the matron's duties,—everything; we have no resident medical man, so that I am responsible for all, make out all patients' accounts, keep the register, and very often have to do the cooking, as the servants have a way of leaving without any notice whatever. My staff consists of four trained nurses, one from St. Bartholomew's, my own school, one from the London, one from Guy's, and one from St. George's. I have one male nurse, trained in yellow fever only. . . . My great regret is that I shall not be able to be with you next September. If I can help in any way, please let me know, and I shall be delighted to do so. . . ."

FROM CUBA

GENERAL HOSPITAL, PUERTO PRINCIPE, CUBA.

This hospital was organized by Mrs. Quintard, assisted by Miss Mitchell, a graduate of St. Luke's. They undertook to turn this old barracks into a model hospital, and have succeeded admirably in doing so. In the first place, we are beautifully situated on the northern border of the town; the landscape all around is most attractive,—too much so, perhaps, as it is a great temptation to stand gazing out of the windows,—well, we have no windows; a pane of glass is almost an unknown quantity in Cuba, but there are immense window-frames,—and for perfectly pure air this hospital is ahead of any I have ever visited; a balmy breeze is constantly passing through the wards. It is fully equipped with the most modern of everything. The operating-room is all that could be desired, and the pharmacy is much more elaborately fixed up than the usual hospital pharmacy. There are seven American nurses and twenty-five native young women who do not know a word of English, so you will understand it is an absolute necessity for us to learn Spanish. . . .

The people in the States have an idea that Cuba is almost the most unhealthy place there is, but the opinion I have formed of it is that this part is decidedly healthy. We have no acute cases; the typhoid, pneumonia, diphtheria, and scarlet-fever germs do not seem to exist down here, and there has only been one case of yellow fever in Puerto Principe in two years. Cases of malaria, rheumatism, and tuberculosis are plentiful. The nurses, however, get a thorough surgical training. The nurses' quarters are in an old and very large building like an old Spanish castle, and are very pleasant to live in. . . .

JEAN. T. KAY
(Graduate Brooklyn Hospital).

THE NURSES IN CHINA

UNITED STATES GENERAL HOSPITAL, PEKING, CHINA, December 31.

. . . .

Miss Kemner and I are at the officers' hospital; the other four nurses are at the General Hospital, about a mile from here. They go back and forth in the ambulances twice a day, wrapped up in furs, and declare they do not feel the cold in the least.

We have been out in the ambulances several times, and are soon to visit the Forbidden City. Our troops are encamped in tents in the grounds surrounding the Temple of Agriculture. The British troops are quartered in the Temple of Heaven, while the Germans under Count Waldersee have possession of the Summer Palace. Our men consider themselves the most abused, as they are the only ones in tents this winter, but all our severe pneumonia cases have been brought from the companies living in Chinese houses, those in tents escaping thus far. . . .

You would enjoy your first ride in a Peking cart drawn by a little donkey. The cart has no springs, but is a big, box-shaped affair set on two cumbersome wheels,—the top, sides, and front covered with some gay-colored cloth, generally a shade of blue. I have tried riding in one, and it is not the most comfortable vehicle in the world. You have to sit with your feet doubled up under you in order to have room for the rest of your body to sway back and forth, bumping first on one side and then on the other, until you are bruised all over and vow you will never get in one again. . . .

The climate is very fine, except for the frequent dust-storms. Just now I hear the loud clapping of a sort of wooden tub held in the hands of a Chinese watchman who passes up and down the streets, beating on the wooden affair with a stick to frighten away thieves. They have a custom also of placing a light at the front door at night to ward off evil spirits.

About five o'clock every morning we are awakened by the loud clanging of the bells worn by the camels; you should see the string of those poor, patient animals going by loaded with coal, fruit, and other baggage.

The great wall of Peking, with its watch-towers as large as chapels and the ponderous iron gates, looks very formidable, I can assure you. The top of the wall would make quite a nice wagon-road; vehicles can pass each other without difficulty. . . .

H. MCRAE.

[Miss McRae is a graduate of a Texas hospital, and before joining the army nurses was in charge of Salome Hospital, Cuero, Texas.—ED.]

BOOK NOTICES

THE list of books received may be supplemented by fuller reviews of such books as in the opinion of the editor are of especial value to the nursing profession.

MATERNITY; INFANCY; CHILDHOOD. By John M. Keating, M.D. Published by J. B. Lippincott Co., Philadelphia.

THE NURSING AND CARE OF THE NERVOUS AND THE INSANE. By Charles K. Mills, M.D. J. B. Lippincott Co., Philadelphia.

ANOMALIES OF REFRACTION, AND OF THE MUSCLES OF THE EYE. By Flavel Tiffany, M.D. Hudson Kimberly Publishing Co., Kansas City, Missouri.

A TEXT-BOOK FOR TRAINING-SCHOOLS FOR NURSES. By P. M. Wise, M.D. Published by G. P. Putnam's Sons, New York.

This work is prepared with especial reference to the training of nurses in insane hospitals.

TEXT-BOOK OF MATERIA MEDICA FOR NURSES. By Lavinia L. Dock. Third edition, Published by G. P. Putnam's Sons, New York.

In this edition the metric system of dosage has been added and new drugs are given.

NURSING ETHICS. By Isabel Hampton Robb. Published by J. B. Savage, Cleveland, Ohio.

A new book by Mrs. Robb, which will be read with interest by nurses all over the world.

POCKET MEDICAL DICTIONARY. By George M. Gould, A.M., M.D. Fourth edition. Published by P. Blakiston's Son & Co., Philadelphia.

The fourth revised edition of Gould's "Pocket Medical Dictionary" has increased the volume to thirty thousand words. For nurses it is indispensable, being small, compact, and concise, a great convenience tucked in a corner of one's travelling-bag. The especial change since the third edition is the addition of a "Table of Clinical Eponymic Terms."

It is a very great comfort to know there is such an easy way of extricating herself from the depths of ignorance when the unhappy nurse encounters "Cherchewsky's disease," "Fuerbringer's sign," and various other more or less euphonious terms of like nature.

OBSTETRIC AND GYNÆCOLOGIC NURSING. By Edward P. Davis, A.M., M.D. Saunders & Co., publishers, Philadelphia.

This hand-book for nurses is one of the best of its kind we have seen, containing something over forty chapters of practical instruction. It is well illustrated, and the divisions of chapters and subjects are in excellent shape for the student nurse. Dr. Davis in his introduction speaks of a "thorough knowledge and drill in asepsis and antisepsis as being indispensable," and in the chapter upon puerperal sepsis makes this statement, which cannot be reiterated too often, "*the nurse should consider each pregnant and parturient patient as a surgical patient, and, as far as antiseptic precautions are concerned, an abortion or labor must be treated as a surgical operation.*" Viewed from this stand-point, the question naturally arises as to whether a school has either moral or educational right to give nurses obstetric training before they have had operating-room drill.

Besides the excellent chapters upon surgical apparatus, sterilization, and the preparation of dressings, sutures, room, and patient, there is much practical instruction upon the make-shifts of obstetric and surgical work in private houses, and last, but not least, timely suggestions upon a dignified demeanor in the confinement- and operating-rooms.

Every hospital, like every household, is necessarily more or less of a law unto itself, but the principles must be the same in all. A well-known obstetrician recently said that "Given a nurse and a doctor who thoroughly understand aseptic principles, the patient may be safely delivered on the door-mat."

As nurses we may be thought presuming to question any statement made by a medical author, but in Chapter IV., page 46, Dr. Davis says: "The first stage of labor extends from the first regular contractions of the uterus to the time when the membranes rupture and the greater part of the amniotic fluid escapes. During the first stage the neck and mouth of the womb gradually dilate or open." Other authorities agree in saying that the first stage of labor is "dilatation of os or cervix, beginning with the onset of labor and ending with complete expansion," without necessary relation to the rupture of membranes.

The only writer we could find who agreed with Dr. Davis was Clara Weeks in her hand-book of nursing, an authority not likely to be recognized by him.

EDITOR'S MISCELLANY

NOTICE of change of address must be sent to the office of the publisher not later than the twentieth of the month before publishing, otherwise a number lost will not be replaced.

TEACHERS' COURSE IN HOSPITAL ECONOMICS

THE prospectus for 1901-1902 for the course in Hospital Economics, Teachers' College, Columbia University, is now ready. Applicants and those who wish to know more about the course will please write for prospectus to Miss A. L. Alline, Teachers' College, Columbia University, New York City.

COMMITTEE ON ACCOMMODATION

ONE of the busiest committees of the Congress of Nurses will be the Committee on Accommodation. Already many requests for information in regard to hotels and boarding-houses are beginning to arrive.

It is planned to have some of the members of the Buffalo Nurses' Association meet all incoming day trains the first part of the week. Delegates will be escorted to head-quarters, where lodgings will be assigned them.

A register of rooming- and boarding-houses which have been previously inspected by members of the committee will be maintained.

Delegates and visitors who wish to be assured of accommodation are requested to inform the committee as early as possible of their intention to be present at the Congress, that an idea may be obtained of how many must be provided for.

The prevailing rates for lodgings will be one dollar and one dollar and fifty cents per day each person. In the building of the Women's Union on Niagara Square, where the meetings will be held, is a lunch-room, where light refreshments are served. On the opposite side of the Square is the Women's Christian Association, which will provide dinner at noon for fifty cents.

This association is also building a lodge in the neighborhood of the Exposition grounds which will accommodate several hundred.

Visitors and delegates to any of the nurses' meetings or those coming at any time during the summer to visit the Exposition are cordially invited to write for information to the "Committee on Accommodation, International Congress of Nurses, 55 West Mohawk Street, Buffalo, New York."

CORRECTIONS

In the April number of the THE AMERICAN JOURNAL OF NURSING, in the item relating to Bellevue Hospital, reference was made to a change of hours for doctors, nurses, and helpers. The word "nurses" should not have been inserted. The Training-School is distinct. It has always maintained a high standing, and has been in no way affected by any change made in other departments of the hospital; in fact, in the report of the Bellevue Hospital Committee, published in the *Medical News*, Miss Brennon's department seems to have been the only section of the hospital not heavily scored, which is a matter of pride to the host of graduates and the profession at large.

The preliminary paper bracketed before Mrs. Von Wagner's article, "Women as Sanitary Inspectors," in the last number, was written by Miss Pierson, one of the managers of the Orange Training-School. Miss Pierson is especially interested in securing the admission of women to municipal posts as sanitary inspectors under Boards of Health.

A FAIR COMPARISON

To the Editor of THE AMERICAN JOURNAL OF NURSING.

A most admirable paper was read lately before the St. John's House Debating Society, London, by Miss Mary Burr, called "Should a Nurse Pay for her Training?" In a crisp and animated style she presents the pros and cons of the nursing system in England (much of it applies here as well) and gives all the practical points on both sides.

Her conclusion is that as things are at present nurses could not justly be asked to pay for their nursing education. She lines up in straight array that which is received and that which is given by the nurse. On one side the uniforms, the board, lodging, laundry, and so-called education in nursing. Examining these, she finds that time and money may be lost through an unsuccessful probation month, that the uniform and allowances are usually not sufficient to cover all expenses, that laundry allowances are scanty, and that the food served to nurses is almost invariably bad,—either spoiled in the cooking, or badly served, or insufficient; finally, that the education given is often of the most scrappy and desultory character. Against this she places the actual care of the hospital patients taken by the nurses, and also the immense amount of ward cleaning and hospital housework which they give, their long hours of work, averaging in a week twenty-one hours more than the average workingman. She compares the circumstances of the medical student and the pupil nurse, and concludes that, if it is right to expect nurses to pay for their teaching, they may rightly expect certain conditions—viz., scrubbing and cleaning to be confined to a preparatory period; an eight- or nine-hour working day, good food, and a thoroughly good course of systematic instruction, with study and reading facilities.

ONE WHO HAS SCRUBBED.

MARRIED

Miss Ethel Angus, Class of '99, Newton Hospital, Newton, Massachusetts, was married to Dr. Alfred S. Wiley, Newton Highlands, at Ottawa, Canada, March 28, 1901.

Miss Alice Josephine Sleeper, Newton Hospital, Class of '99, and George Moulton Frame, of Boston, were married at Washington, D. C., February 22, 1901.

DEATH OF MISS McDADE

On January 16, after an illness of less than a week's duration, Vina McDade died of pneumonia in the Presbyterian Hospital. Miss McDade was a member of the first class that was graduated from the Presbyterian Hospital Training-School for Nurses—1894. At the end of the training she left a splendid record of work accomplished, and during this course she evidenced the executive ability that afterwards won for her the respect and admiration of so many. Miss McDade was for some time associated with the work in a private hospital, afterwards spent several years engaged in private duty, and was for two years the successful superintendent of the Hospital and Training-School at the German Hospital, Newark, New Jersey.

For the past eighteen months she was again connected with the work in this hospital. Capable, and ever ready for duty where needed, during these months she alternately filled the positions of night superintendent and head nurse of the private surgical corridor and of the women's medical wards. It was while in charge of the nursing in the latter wards that she contracted the disease that caused her death. Miss McDade's ability as a teacher, her quiet method of overcoming difficulties, her executive management, together with her cheerfulness and patience, and sympathy and tenderness towards the suffering, were beyond the average. Ready to give of her best and assume responsibility when necessary, she never failed to gain the confidence of patients and nurses.

Her death is a loss to her former patients, nearer friends, and the nursing profession at large. She was an active member of the Nurses' Alumnæ Association and took an interest in all questions pertaining to nursing work.

She had a true affection for the Presbyterian Hospital, its management and work throughout, and often expressed herself as feeling more at home and happier here than anywhere else.

The following resolutions were passed at the meeting of our Alumnæ Association held in February:

"*Resolved,* That the members of the Alumnæ Association of the Presbyterian Hospital, New York City, will hold in long and loving remembrance the name of their associate, Alvina McDade, whom it has pleased Almighty God in His infinite wisdom to remove from this earthly abode.

"*Resolved,* That we, her associates, lament her decease and extend to her family expressions of sincerest sympathy.

"*Resolved,* That the above resolutions be published in The American Journal of Nursing, and a copy be sent to the family of the deceased."

RESOLUTIONS UPON THE DEATH OF MISS KEYES

Miss Minnie V. Keyes, who died at the City Hospital, Rochester, New York, on April 6, after an operation for appendicitis, was a member of the Class of '98.

At a meeting of the Alumnæ Association, held April 9, a committee was appointed to prepare and draft the following resolutions:

"Whereas, It has pleased our Heavenly Father to remove from our midst Miss Minnie V. Keyes, an esteemed member of our Association; therefore

"*Resolved*, That in her death our association has lost a highly esteemed and much-loved member, and the nursing profession a faithful worker.

"*Resolved*, That a copy of these resolutions be extended with our deepest sympathy to her family; that a second copy be sent to The American Journal of Nursing, and that a record be made of the same in the minutes of this meeting.

"E. Frick,
"Jean Wilson,
"E. C. Sanford,
"Committee."

CHANGES IN THE ARMY NURSE CORPS

CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING APRIL 6, 1901

Baker, Ellen M., formerly on duty at the Santa Mesa Hospital, Manila, discharged.

Barker, Mary C., formerly on duty at the Santa Mesa Hospital, Manila, discharged.

Bowles, Rosa L., transferred from the First Reserve Hospital, Manila, to duty as chief nurse at Fort Bayard, New Mexico.

Bunting, Laura B., formerly on duty at the Second Reserve Hospital, Manila, discharged from the Nurse Corps.

Cleland, May, transferred from Dagupan to transport duty en route to the United States. Arrived in San Francisco on Logan March 29.

Clinton, Bee Agnes, recently serving temporarily at the United States Army Hospital, Presidio of San Francisco, discharged from the Army Nurse Corps.

Edmunds, Jennie S., transferred from the First Reserve Hospital, Manila, to Military Hospital, Iloilo, Philippine Islands.

Fairbanks, Helen G., promoted to be chief nurse at Military Hospital, Nueva Caceres, Philippine Islands.

Friton, Emily, transferred from Military Hospital No. 2, Peking, China, to Military Hospital No. 1, same city, March 1.

Hasemeyer, Augusta D., transferred from the First Reserve to Second Reserve Hospital, Manila, Philippine Islands.

Hasson, Esther V., transferred from Military Hospital, Vigan, to the Second Reserve Hospital, Manila, for temporary duty.

Hine, M. Estelle, arrived in San Francisco March 13 on transport duty from Manila, and sailed April 5 on return journey to the Philippines.

Howland, Mary B., formerly on duty at the United States Army General Hospital, Presidio of San Francisco, has been discharged from the Nurse Corps.

Kemmer, Alice S., transferred from Military Hospital No. 2, Peking, to Military Hospital No. 1, same city.

Kephart, Josephine H., recently on duty at Military Hospital, Calamba, Philippine Islands, discharged from the Nurse Corps.

Killiam, Lena E., transferred from Military Hospital No. 2, Peking, to Military Hospital No. 1, same city.

Klein, Amelia P., transferred from the Convalescent Hospital, Corregidor Island, to the Second Reserve Hospital, Manila, Philippine Islands.

Lane, Effie, transferred from the Military Hospital, Lucena, to the Santa Mesa Hospital, Manila, Philippine Islands.

Lasswell, Ida H., transferred from the Military Hospital No. 2, Peking, to the Military Hospital No. 1, same city.

Lindley, Laura L., transferred from the First Reserve to the Second Reserve Hospital, Manila, Philippine Islands.

Lippert, Ida Dora, transferred from the First Reserve Hospital, Manila, to the Military Hospital, Calamba, Philippine Islands.

McRae, Henrietta, transferred from Military Hospital No. 2, Peking, to Military Hospital No. 1, same city.

Meech, Marietta, transferred from First Reserve Hospital, Manila, to transport duty en route to the United States. Arrived in San Francisco March 12; now on leave of absence.

Mickle, Rebekah, promoted to be chief nurse at Military Hospital, Vigan, Philippine Islands.

Mitchell, Janet D., appointed chief nurse at Nagasaki, Japan.

Patterson, Caroline L., formerly on duty at Second Reserve Hospital, Manila, Philippine Islands, discharged from the Nurse Corps.

Pickel, Helen M., appointed chief nurse at Military Hospital, Lucena, Philippine Islands.

Rector, Josephine, transferred from the Second Reserve Hospital, Manila, to transport duty en route to the United States. Arrived in San Francisco March 17 and is now on leave of absence.

Richmond, Edith L., transferred from First Reserve Hospital, Manila, to transport duty en route to the United States. Arrived in San Francisco March 18 and sailed on return journey to the Philippines April 5.

Ruble, Minnie H., transferred from Iloilo to transport duty en route to the United States. Arrived in San Francisco March 12; now on leave of absence.

Seagran, Anna M., formerly on duty at Military Hospital, Dagupan, Philippine Islands, contract annulled January 31.

Silcott, Mary E., transferred from the First Reserve Hospital, Manila, to the Military Hospital, Iloilo, Philippine Islands.

Smith, Stella, transferred from First Reserve Hospital, Manila, to transport duty en route to the United States. Arrived in San Francisco March 29.

Stokke, Ingeborg, formerly on duty at Military Hospital, Dagupan, Philippine Islands, discharged from the Nurse Corps February 19.

Tweed, Rose A., transferred from Military Hospital, Dagupan, Philippine Islands, to duty at the First Reserve Hospital, Manila.

Welsh, Mary A., formerly on duty at the Second Reserve Hospital, Manila, Philippine Islands, discharged from the Nurse Corps.

Young, Agnes G., transferred from Military Hospital No. 2, Peking, to Military Hospital No. 1, same city.

THE EDITOR

RECENTLY the Academy of Medicine of the city of Rochester New York, has been agitating the subject of medical inspection in the public schools. We are humiliated to have to acknowledge that the Commissioners of Education in this city have not received this proposition favorably, and the two leading newspapers have denounced it as being a scheme to secure salaried positions at public expense for medical men. A paper on this subject read by Dr. W. M. Brown, president of the Pathological Society, before the Academy of Medicine brought out many points along the lines of Miss Hay's paper in the Educational Department. From a general summing up of his paper we quote the following:

"At present medical inspection of the public schools is carried on in Boston, New York, Jersey City, Philadelphia, Chicago, Milwaukee, Minneapolis, and Salt Lake City.

"In Boston the salary is two hundred dollars per year each for fifty inspectors, averaging fourteen thousand pupils and four schools to each inspector. In New York the salary is three hundred dollars each for two hundred and six inspectors, with an average of two thousand pupils and two schools for each inspector. Salt Lake City has but one inspector, at a salary of one hundred and fifty dollars per month. Milwaukee pays fifty dollars per month.

"The infected list in New York is three per cent. of those examined. In Jersey City it is eight per cent.

"In all cities where this system prevails the rate of infectious disease has been decreased, as also has the death-rate."

Dr. Brown shows that the largest percentage of infectious diseases is among the school-children and during the school months, and he further says:

"Investigations have shown that there are at home and unreported three cases of infection for every one properly reported and isolated. Twenty per cent. of scarlet fever and measles cases leave a greater or less degree of deafness. Seven per cent. of measles cases die. Twelve per cent. of diphtheria cases die. Do our children and our homes need protection?

"The child is a racial unit. We may protect our racial integrity by protecting the children. The right of a child to hygienic surround-

ings, physical as well as mental, is paramount. Efficient and thorough medical inspection of the pupils in our schools, together with the education which such a system of medical inspection would be to the teachers, pupils, and parents in matters of hygiene and general health, must necessarily go a long way towards that ideal prophylaxis which will eradicate most disease from our midst.

"This work of medical inspection began in Boston in 1894. . . . In a school in Boston in 1897 fourteen cases of diphtheria occurred in one room. The majority were found by the inspector. Not one case developed after these were found and controlled.

"In Newark, New Jersey, five and a half per cent. of the pupils examined were infected. In St. Louis five per cent. were infected.

"In New York in one district during three weeks fourteen cases of infectious disease found in the school led to the detection of thirty-seven cases at home unreported. In eighty-five families visited where a child was absent from school forty-four cases of scarlet fever and diphtheria were found. Another inspector found eleven cases of scarlet fever, all arising from one case of so-called German measles."

Dr. Brown in conclusion says: "I believe, with Hall Caine, that this is to be a 'century of humanity,' that consumption will be wiped out, and that cholera and cancer will no more be known, or other infectious diseases."

THE meeting of the New York State Nurses, of which the official report is given on another page, marks an era in nursing history. Not more than half-a-dozen of the older women who have in the past been prominent in organization work were present, but the convention was made up of a younger generation of nurses, who showed a sense of dignity, intelligence, and general poise that promises much for the development of the New York State Society, and the broader progress of the profession at large, in the years to come.

The vital question of eligibility will be the subject for discussion at the next meeting in Buffalo, and during the months that are to intervene much serious thought must be given to the question. Registration will not be taken up until the society is complete in its organization, and in efficient working order.

THE papers on "Contagion and Disinfection" have crowded out some of the department matter this month, but we shall go on in the next number with Miss Hibbard's article, "With the Maine to South Africa," and we have for the immediate future a number of interesting papers by well-known writers, one by Dr. G. H. M. Rowe, of the Boston

City Hospital, on the management of hospital laundries, being most interesting and valuable.

We want to urge upon alumnæ officers the importance of interesting the scattered society members in the JOURNAL, and the need of having the subscription blanks always at hand at the regular meetings. We find that where the president is interested the members are sure to be, and subscriptions are greater in number from such societies.

WE have on our list the names of a number of superintendents and nurses who are ready for hospital positions, and we would like to hear from institutions which are contemplating changes. To those nurses who have not received personal replies to their letters we must take this way of explaining that the positions advertised last month have been filled, but we have placed their names on file for future reference.



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ORIGINAL COMMUNICATIONS

WITH THE MAINE TO SOUTH AFRICA*

By M. EUGÉNIE HIBBARD
Late Superintending Sister American Hospital Ship Maine

(Continued from page 400)

MOOI RIVER FIELD HOSPITAL, NATAL, *February 21, 1900.*—About a quarter of a mile to our left, rising from the river, is a line of low kopjes (hills). To one in particular my attention is called, as in the early days of the war a Boer gun held the position of honor on the ridge. It had been brought here for the purpose of shelling the railroad bridge crossing the Mooi River at this point, which if successful would have cut the line of communication with Durban on the coast. Fortunately for the British cause, these efforts proved futile, and the Boers withdrew after looting the various farmhouses in the vicinity and driving before them several ox-wagons filled with household effects. There, as at Newcastle and Dundee, all in Natal, tales are told of looting, plunder, and wanton destruction,—acts committed by a people whose peculiar boast is marred by such inconsistencies. Now, partially concealed by shrubbery, on the same spot a British gun is monarch of all we survey.

At this elevation (five thousand feet above sea level) the atmosphere is the purest found in South Africa. The days, though hot during the mid-day hours, are at other times delightfully cool, and the nights almost cold. Owing to the clear atmosphere sounds from a distance are

* Copyright by M. Eugénie Hibbard, 1901.

easily transmitted, and I could distinctly hear the peculiar call of the Kaffir to his yoke of oxen (sometimes eight in number and often thirty) at the farms on the hillsides, and the drowsy hum of insect life on the veldt around us filled the air, successfully removing the impression that we are so near the fighting-line, making the association almost impossible, when a portentous sound broke upon the air, unlike any other, save that of the sunset gun, again and again regularly repeated, each time clearer and more defined, and I am told "The artillery guns are speaking at the Tugela," and we know that General Buller is making his fourth and we hope his final advance for the relief of Ladysmith. The firing continued throughout the afternoon, which I spent in visiting the wards of the hospital and officers' quarters, containing altogether between seven and eight hundred patients, the majority seriously ill. In the distribution of the work I found one nursing "sister" had been assigned to ten wards, each containing six cots, making a total of sixty patients—a large and impossible number for one nurse to even supervise. When will the Medical Department fully realize the responsibilities that fall to it in time of war? This hospital, though apparently fully equipped in other respects, feels keenly the policy pursued at *home* of restricting the number of "sisters," assigning so small a proportion to acute cases, handicapping the service, and sacrificing the soldier to an ignorance of conditions which, though possibly unforeseen, should have been quickly appreciated and promptly corrected. History, repeating herself, should teach us lessons not so easily forgotten. Nature is a most exacting mistress, and under morbid conditions demands servile homage.

The feeling of sympathy exhibited in the material form of equipping and maintaining a hospital ship for a number of months in the South African service by the American ladies in London is greatly appreciated here. Colonel Cleary, P. M. O., expressed the wish that his brother, General Cleary (who was wounded at the first battle of Colenso, the same time that General Buller was also slightly wounded), would come to the Maine to recuperate. When I saw General Cleary later he spoke so kindly of our work that I was tempted to urge Colonel Cleary's suggestion, but the soldier spirit was too strong within him, and he said he would not like to be removed so far from the fighting-line.*

The officers at this hospital are accommodated in the hotel, which was commandeered for the purpose. There are between forty-five and fifty officers, heroes every one, who have suffered as the men under them suffered in the battles of Colenso, Spion Kop, and Vaalkranz. All bar-

* General Cleary later joined his command.



MARKET-PLACE, DURBAN, NATAL, SOUTH AFRICA

riers are now broken down, and the condition of these men fills our hearts with the sympathy that forces the tears into our eyes as we see the physical wrecks they have become, and fully realize that some of them will never see home (England) again. Here, as elsewhere, I found the English army "sister" held in great respect by the men. A sergeant-major said to me one day, "But our 'sisters' rank as officers;" being conscious of this, he felt the dignity reflected honorably upon himself. The devotion of the "sisters" here is worthy indeed of notice. With a very small proportion of assistants and many responsibilities, they worked faithfully through the long days and weary nights, evoking a feeling of gratitude in their patients.

Impressed forcibly by the terrible results of war, I left Mooi River Field Hospital with mixed feelings of awe, admiration, and regret that I personally could not help in the great work of the sisters in encouraging and comforting the patients under their care.

Bidding good-by to the hospital, lying white on the hillside, without shade or shadow, save the invisible shadow of death hovering constantly over it, I turned my face homeward, leaving on the twelve-thirty train (midnight), *the only woman passenger.*

During the dark hours we passed through the least interesting part of Natal, but when the sun rose the scenery was gorgeous, all tints of flower and foliage blending to make one perfect whole. As we were now constantly descending, the country opened out before me more rapidly, and the road being circuitous, the second and third glimpse of some beautiful spot was secured. Large herds of Madagascar cattle added much to the picturesqueness. The Victoria palm stands out distinctly against the morning sky, and the heavier foliage of the smaller trees and shrubs forms an excellent background for the brilliantly colored flowers.

I arrived at seven-thirty this morning, February 22, 1900, reaching the Maine about eight o'clock. Doctors Rodman and Hastings returned the night previous from the front, having gone as far as the hill of Monte Cristo. Major Cabell, the American medical officer in command, left us to-day, sailing for England on the Garth Castle en route for America, his leave of absence from Washington having nearly expired. Richard Harding Davis came on board this afternoon, and Doctor Prince (American consul), with his wife and daughter, were also on board for afternoon tea.

Friday, February 23, 1900.—Fifteen men were returned to the front, or, rather, to the base hospital at Pietermaritzburg, to-day. Lady Randolph Churchill and Miss Eleanore Warrender left this afternoon to spend the night on H. M. S. Terrible. During the evening we re-

ceived a signal message which read, "Cronje captured with eight thousand men," causing great enthusiasm and rejoicing.

Saturday, February 24.—Reported capture of Cronje not confirmed, consequently great disappointment.

Wednesday, February 28, Majuba Day.—To-day official news of Cronje's surrender was received, and great credit was given to the Canadian regiments. Good news has a wonderful effect, and we all feel that now the back-bone of the war is broken. During the evening the display of fireworks was very fine. Several of the male nurses returned from the front to-day. They had seen the engagement on Geobler's Kloop, had seen the shells flying, and heard the demoralizing rattle of the pompons. Strange to say, during the shell-fire they had seen a farmer quietly guiding his yoke of oxen to and fro through the ploughed ground, apparently conscious of the fact that his proximity to the guns prevented any molestation by them. The peculiar feature of the railroad beyond Colenso is the engine, covered entirely with manila rope (to prevent accidents from flying shrapnel, etc.), consequently presenting a most unusual appearance and named "Hairy Mary," a most uncomely looking object. Doctors Weber and Dodge left this afternoon for a view of the interior. Concert on board this afternoon.

Thursday, March 1, 1900.—The four "sisters" went ashore early this morning for a trip into the country. Twenty-four convalescent patients were ordered to the front while on deck waiting for the usual inspection preceding discharge. A certain amount of excitement prevailed on the signal officer reporting an order received from the gunboats, "Prepare to dress ship." Immediately the sailors prepared long strings of bunting, using all signal-flags for the purpose. Hardly had this been accomplished when the general order came from head-quarters, "*Dress ship. Relief of Ladysmith.*" A thousand or more flags unfurled at a given moment on the numerous vessels in the harbor instantaneously produced a scene worthy of such good news, and the cannon poured forth their unbounded delight with continuous roar for what gun, cannon, shot, and shell had accomplished, almost drowning the ringing cheers of the sailors, given with hearty good-will, for the valiant men who had secured through supreme effort, after one hundred and eighteen days, *the relief of Ladysmith.*

All honor is due both besiegers and besieged, but to-day let us rejoice that the victory is on the side of those who have suffered all the horrors of isolation and untold privation, with the impending fear of the possible failure of the relief column, making the situation a desperate one, and thank the God of Battles for this deliverance. . . .



FLEET OF SAILING-VESSELS DECORATED FOR THE RELIEF OF LADYSMITH

The town is gayly decorated, to-day is declared a general holiday, and to-morrow is to be observed as a day of thanksgiving and special demonstration. Rain falling heavily this evening spoiled the effect of the fireworks and illuminations, that would otherwise have been most brilliant. Yesterday closed on the final accomplishment of one of the most difficult tasks assigned to a British general during this war. All doubts are now set at rest, and nothing but *success* rings in our ears. The tremendous strain the empire has been under is now partially relieved, and anxiety is turned into joy.

Friday, March 2.—Fifty-three patients came on board to-day.

Saturday, March 3.—Four sick officers arrived to-day. A regatta was held this afternoon in the harbor. On Captain Stone's invitation, Sister Sara, Captain Sandbach, and myself watched it from the ship's launch. We also cruised around.

Sunday, March 4.—Service was held on deck this morning, the Bishop of Pretoria officiating. Sir Walter Hely Hutchinson, Governor of Natal, and Captain Percy Scott, of H. M. S. Terrible, were on board to lunch, afterwards visiting the wards. Mr. Winston Churchill also spent the day on board.

Wednesday, March 7.—Twenty-eight men returned to duty this morning. An officer who inspected them before departure declared them to be "A fit lot of men." It is a great satisfaction to know that the time they have spent on board the Maine has been beneficial.

Two "sisters" (nursing) attached to the hospital train sent out by H. R. H. Princess Christian visited our hospital to-day. One of the "sisters" had visited the ship when in the West Indian Dock, London, and after her visit to-day she expressed herself as highly pleased with the improved appearance of the ship, and acknowledged a feeling of disappointment on her first visit, which was under other conditions and in another clime.

Thursday, March 8.—The crew belonging to H. M. S. Powerful, who have been besieged in Ladysmith, arrived in Durban to-day. In the early stages of the war they had brought the naval guns to bear upon the enemy, and shared later the fate of the besieged. Great demonstrations were made in their honor, a procession accompanying them from train to ship, where they embarked to join their comrades. Weary, worn, and hunger-stamped, they pass before my mind's eye, a silent procession.

Captain Bentinck, an invalided officer, gave me some interesting details regarding the army "sisters," their usefulness, requirements, and existing conditions, the same ground on which we trod during the Spanish-American War.

This has been the hottest day we have had, and the night bids fair to rival it.

Friday, March 9.—The night was extremely hot. To-day three wounded officers arrived. Concert on board this afternoon. Preparations are being made to leave Durban, whether to return to England or merely to take patients to Cape Town has not yet been decided.

March 17.—After several days of work, above-deck and below, both fore and aft, in cabin and in wards, we left Durban, Natal, with one hundred and sixty-five patients on board. Many exchanges had been made previous to our sailing, as only what were considered disabled men, or men invalided home, were assigned to our ship. Great demonstrations were made in our honor on our departure by the vessels in the harbor as we moved slowly through the Inner to the Outer Anchorage, where H. M. S. Terrible was manned and many hearty cheers were given for *"The American hospital ship Maine."*

One of the East Indian transports heaved her anchor, steamed across our bow and around us, giving the final send-off.

(To be continued.)

THE EVOLUTION OF THE TRAINED NURSE*

By E. D. FERGUSON, M.D.
Surgeon to the Samaritan Hospital, Troy, New York

(Concluded)

Florence Nightingale derived her baptismal name from the fact of her birth in Florence, which occurred in 1820. Her early life was that of the English girl born into a comfortable home. She followed the methods of education and had the advantages of travel appropriate to her time and class, but much of her girlhood was passed where her walks and drives must have brought to her attention the many hardships incident to the lives of the very poor. It was fortunate for humanity at large that the bent of her mind was in the direction of the practical consideration of the problems constantly presented in her daily life.

It is quite probable that several cases of serious illness in her family may have determined the special course which she would pursue, but in whatever way it came about, she finally concluded to give her attention to hospital nursing, so that early in her womanhood we find her visiting

* Address delivered at the opening of the Nurses' Home of the Samaritan Hospital, Troy, New York.



VICTORIA PALM, BOTANICAL GARDENS, DURBAN, NATAL, SOUTH AFRICA

the hospitals in the vicinity of her home and carefully investigating their plan of organization, the methods of discipline, and the scope of the work done.

Afterwards she went to London, and doubtless through social advantages was able to continue her investigations in that large field, but it is quite probable that her meeting with Elizabeth Fry, who was then by age barred from active duty, may have aided in giving practical direction to her efforts.

It was manifest that she must master her subject as John Howard had done his, so, after giving several months to the study of the conditions in the London hospitals, she passed over to the Continent to examine the means and methods in use there. In doing this she found in Roman Catholic countries the Sisters of St. Vincent de Paul doing their nursing work among the poor, and in Germany the revived order of deaconesses moving to their duties under the direction of Pastor Fliedner.

Though in many ways this service was found by her to be an improvement on what she had seen in England, still, being directed by an ecclesiastical spirit, its best development did not seem to be fostered, and in particular, since it was practically limited to the poor, it failed to offer to the middle and wealthy classes an opportunity for help which would be just as precious in time of need.

After pursuing her journey of investigation and study for some time, she concluded that the best plan for training was to be found at Kaiserwerth, where she went and offered herself as a pupil to Pastor Fliedner.

We may readily conceive the doubts that came into the blunt pastor's mind when he learned the wish of this slender English girl, who had been born and reared in a manner so different from that which had fallen to the pupils he found in his village school, for even he had not yet conceived the full measure of the upbuilding and broadening that was possible in the field of nursing.

He is represented to have dissuaded her at first by telling her of the rigid discipline, the unpleasant duties, and the hard work incident to the course of training, but, finding she was determined, he is represented to have told her with full German bluntness that if she insisted she should begin her duties then by scrubbing the floor, a service she at once performed.

The pastor must have soon perceived that she was no common pupil, and we may readily comprehend that while she gathered much from him and his methods, she could and did influence him and his class of nurses.

Twice she spent several months at Kaiserwerth, doing duty each time as one of the pupils of the school, but more particularly studying the methods of teaching and the scheme of organization.

Her last service there was in 1849, when she entered as a voluntary nurse and had better opportunity to study practically the methods pursued in the care of different diseases and the discipline of the school under the practical and common-sense matronship of Madame Fliedner.

She gave particular attention in her travels to the methods of construction and ventilation of hospitals, and the practical ideas resulting from this study will bear scrutiny by the light of recent knowledge and experience.

The career she was then pursuing was, of course, known to many prominent people in England, but it was naturally regarded as the vagary of an enthusiast with little to recommend it and with much to condemn, for why should she, born to the benefits of a perfected social organization, seek to do the work that belonged to others?

When, after her studies and labors, she returned to England she learned that one of the most difficult tasks is to break in on the traditions of a conservative people and set the wheels of change in motion, and as she was without a desire to promote her own reputation, she accepted the necessity for rest, and went to her home in the country to wait for indications as to her future course. Not being able to break the crust of organization and tradition connected with the hospitals, she finally went to London and looked about for some avenue of work.

She there found a sanatorium established for sick women of the governess class, and into this she entered, bringing method to its plans and efficiency in its work, so that an object-lesson was created. The labor incident to this venture resulted in a break of her health that drove her to Florence for rest, but she had improved an opportunity for an object-lesson, and many had seen the benefits of better methods. After her rest in Florence she went back to her own home to bide the time when she could do and serve.

The Crimean War had broken out, and the forces of England, France, and Turkey on one hand and Russia on the other were waging battle on the shores of the Black Sea.

The horrors of war were aggravated by the terrors and sufferings of pestilence, and from the distant scenes of conflict came messages of the dire effects of disease, which latter exceeded in invalidism and death the wounds and injuries of battle.

Howard Russell, then the war correspondent of the London *Times,* an innovation in newspaper work, wrote of the gruesome state of affairs,

where men died without the least effort being made to save them, and "the sick appear to be treated by the sick and the dying by the dying."

The hospital administration had broken down, probably then, as in our own recent experience, by the failure of the men of Mars and the government authorities to realize the importance of protecting the health of the soldiers, or that one case of fever in camp is often a greater menace to an army than a divisional increase of the forces of the enemy.

Russell wrote an appeal for nurses and stores for the sick in the London *Times* after telling of the terrible state of the troops at the front and in Scutari, which was the seat of the base hospital. England was stirred to its most profound depths, and in one day the *Times* received two thousand pounds towards the financial element of relief, Sir Robert Peel sending two hundred pounds. Miss Nightingale was at her Derbyshire home when the appeal was made by Russell in the *Times,* and at once she decided on her course. Only a fortnight after the battle of Alma she wrote to the Minister of War offering to go as a nurse to the army. But the time and conditions for her work had come, so that as she was writing her tender of service a request to her was being written in the War Office that she take charge of the organization and equipment of a force of nurses to go to the seat of war.

It was a long letter she received, was in the nature of an appeal to her to accept, and placed at her disposal the earnest assistance and whole power of the War Office. Never before or since has such a government commission been offered a woman, but never before or since have the conditions been duplicated. It is evident that Mr. Sidney Herbert had risen to the emergency, and that he knew and had faith in Florence Nightingale. . . .

The training of nurses had begun in England, not in the way now pursued, but still a start had been made, and she was not obliged to rely on absolutely raw material. The first suggestion of aid had come to Mr. Herbert from Lady Maria Forrester, who became active in the undertaking, even at first contemplating going with the nurses, but she was helpful throughout.

The Roman Catholic Bishop of London gave his support to the enterprise, so that one valuable source of recruiting was opened.

On October 15 she must have received her summons, and on October 21, *i.e.,* in six days, she had completed her band of thirty-eight nurses, and the War Office announced her departure that evening for the seat of war.

As "society" had taken an interest in the affair the whole world knew of her mission, so that when the expedition reached Boulogne the fisherwomen insisted on acting as porters for the luggage of the "Eng-

lish Sisters" who were going to the East to care for the sick sons and husbands of the French as well as the English mothers and wives. The white light of publicity was turned upon the little band, so that either a great success or a serious failure must result from the mission. On November 5, 1854, they arrived at Scutari, the Asiatic suburb of Constantinople, where had been established the base hospital of the Allies.

The battle of Alma had been the exciting cause of the call for those nurses, and the battle of Inkerman occurred on the day of their landing at Scutari, so that soon they found work among the six hundred wounded brought from the front. They of necessity had to encounter the prejudice against women nurses for male patients, and in particular the prejudice against women nurses in army service in time of war, an innovation little short of heresy and ungodliness in the eyes of a conservative English surgeon; but the work done by this band of only partly drilled nurses under the guidance of so competent, earnest, and enthusiastic a leader as Miss Nightingale soon overcame all sentimentality and even boorish opposition, while with the English soldier the idea of not only English women but even English ladies coming out to nurse them went deep into their hearts.

Her thorough drilling and discipline at Kaiserwerth now served Miss Nightingale well, for though she was virtually supreme in all matters pertaining to nursing, she knew well the necessity for coöperative as well as coördinate work, and she was careful that the nursing should never interfere with the surgical and medical supervision, whatever her own views might be in cases of individual illness. In this way a cordial relation soon existed, and her great work was well under way, though it was late in December before all opposition was overcome and she was regularly installed as the recognized head of the nursing department of all the army hospitals.

This concession from the local medical authorities must, in view of the conservatism of the English profession, be regarded as won by the splendid work done in the care of the sick and wounded.

Tact, that essential qualification in a nurse, was one of the gifts with which nature had endowed Miss Nightingale, and she had cultivated it, so that now with her technical training she was able to demonstrate not only the usefulness of skilled nursing, but its absolute necessity to secure the best medical results.

With the funds at her command diet kitchens were established, food adapted to the needs of the sick was furnished, dressings were prepared, while bedding, wine, brandy, and even medicines could be furnished by her without the red tape and fatal delays incident to the filling of an ordinary army hospital order.

She was untiring in her attention to duty and detail, watchful of every interest and need of the sick, and, let us hope, not unmindful of the fact that success or failure now would work for good or ill on the future of trained nursing as a vocation and as an instrument for usefulness in a much larger field.

One of the early titles given her by the soldiers is suggestive of her energy and watchfulness of the wants and needs of the sick, for her frequent rounds of the hospital at night led them to call her the "Lady with the Lamp."

In spite of all the work incident to organization and supervision she gave much time to individual cases, and in many instances the message of returning health or the last words to the loved ones at home were written by the hand of Florence Nightingale.

Let every pupil in training and every graduate nurse take heed that their broader usefulness can only come when they grasp fully the conditions that belong to the sick-room, conditions constantly changing and never met by the mere administration of drugs or giving of a bath. To grasp the whole situation and meet it without obtrusiveness or sentimental nonsense is the gift of woman more than man, but among women the gift varies and is susceptible of cultivation.

To tell the tale of her nursing and sanitary work in that unpromising field is not the purpose of this paper. How she won the victory for trained nursing in the army and at home in spite of the carping of fools and prudes, both male and female, would take too much time, full though it might be of value and dramatic interest.

To her first band of thirty-eight was added a second contingent of forty-seven, so that she could extend and divide her work, but cholera and fever came to do their fell work among soldiers and nurses. We will not follow her in the various stations where nursing was under her direction, from Smyrna to Sebastopol, or dwell on her own illness, from which it seemed hardly possible for her to recover. Let it be sufficient in summing up to say that she overcame every obstacle, a result that could not have been accomplished with all the aid given her by the War Office and the English public without trained knowledge, womanly tact, and heroic devotion to her mission.

She remained at her post to the last, and then, to avoid the ovation that was known to await her arrival, she travelled under an assumed name and reached her home as quietly as she had left it, over two years before. But the phlegmatic Englishman had been stirred on his best side, and it was determined that if no greeting in London at the Guildhall in quaint official robes could be given her, in some way her work should be recognized.

To us the giving of medals is only beginning to have a significance, so that we can hardly understand the full meaning of the gift by the Queen of a jewel designed by the Prince Consort of appropriate form, material, and symbolism, but the people arranged that a sum of fifty thousand pounds should in some way mark her work.

Though she became an invalid after her return, she was able to direct the use of this money, and arranged that a wing of St. Thomas's Hospital be made a place for the training of nurses, and there was founded the "Nightingale Home," which is a part of that imposing structure so familiar to those who have occasion to cross the London bridges.

Florence Nightingale still lives. The evolution of the nurse is incomplete. Every year beautiful homes are erected for her comfort and greater care is taken with her instruction and training. There is no sex in good works, and men and women alike are quietly, steadily, and efficiently working that her development may continue.

BALTIMORE'S WORK IN TUBERCULOSIS

By RUTH BREWSTER SHERMAN
Johns Hopkins Training-School for Nurses

During the past few years large numbers of tuberculous persons have applied for treatment to the dispensary of the Johns Hopkins Hospital whose admission to the wards was obviously unwise, and who, after a single visit, never returned, and so were lost sight of. To any thinking person these people, poor, ill, and ignorant as they usually are, are objects not only of pity but of very lively interest, as being the breeders and conveyers of our commonest fatal infection, and the centre, each one, of a veritable circle of danger in his own household and neighborhood,—often, indeed, by reason of the necessity of still carrying on their occupation, in spite of illness, to people far outside his immediate vicinity.

To Dr. Osler, the medical chief of the hospital, the necessity for putting some limit to this danger seemed imperative, and in 1900 he appointed from the third-year class of the Medical School a student whose duty it was to follow and visit in their homes all consumptives who came to the dispensary. Saturday afternoons, Sundays, and holidays were practically all the time she could give to the work, but the results of her months of effort are most satisfactory. Trouble has often been met in finding patients, many of them giving false addresses, the

Russians and Hebrews being usually suspicious of interference and averse to instruction; but she has succeeded in visiting one hundred and ninety patients in their homes, seeing them at their daily work, observing their habits and surroundings, and in each case instructing the invalids and their families in the essentials of disinfection and the means of limiting the spread of the disease.

She has found the consumptives in meat-shops and small dairies, in bakeries and cracker stores, where with every touch of their soiled hands they were certainly sending out tubercle bacilli on their wares. In their homes she found them sewing, weaving, cooking for sale, cobbling, etc., and leaving their sputum often upon the articles for sale, always about the room and on all surrounding objects. Bedridden invalids she found lying on couches in the family living-room or by the kitchen fire in the midst of conditions which ranged from ordinary carelessness to indescribable filth. Often her patients moved from place to place, leaving the infected homes to be occupied, uncleansed, by newcomers,—the one hundred and ninety persons visited did actually, while under observation, occupy two hundred and thirty-four houses, undoubtedly leaving each one a hot-bed of disease.

Very few of these people knew of the possibility of imparting their disorder, while those who did lived, with their families, in the constant fear of such a result, without in the least knowing how to prevent it. Excepting the Russians, whites and blacks alike, and almost universally, gratefully received advice and warning and tried to follow instructions. The "doctor lady," impressing always the fact that the sputum is the source of danger, has taught them to collect and destroy the sputum, scrub their floors, use disinfectant solutions, admit light and air, boil the patients' dishes and other articles, and follow what personal hygiene is possible; wisely, however, in houses where there was opposition or where the conditions made much improvement impracticable, she did not antagonize or discourage the family by insisting on too many reforms. Printed circulars from the dispensary containing simple instructions and directions on tuberculosis were often left with the patient.* Always, when the dreaded name "consumption" had not already been attached to the disease, she has avoided giving it, if without it the patient thoroughly felt himself a menace to others.

Lack of time made it impossible to follow up these cases, but whenever revisiting of the homes was accomplished, some improvement of conditions and a definite effort to follow directions have nearly always been found. Houses are cleaner, sputum is being properly collected and destroyed, dishes are being boiled, and in an encouraging number

* Printed dispensary circular entire.

of instances the patient has been moved to a lighter, better-ventilated room, and sleeps alone.

This year the work is undertaken with new courage and energy. Another student, also a woman, has begun the visits, while a doctor in the dispensary is charged with investigating the addresses given to avoid loss of time in finding the patients. It is hoped that Baltimore can soon favorably compare results with New York in the decreased death-rate from tuberculosis.*

This house-to-house visiting by the students is only one, though certainly the most practical, manifestation of the work of medical men and women in Baltimore to control this enemy at our door. Many doctors are investigating the worst infected areas in the city,† and the addresses made at the monthly meetings of the Society for the Study of Tuberculosis treat the subject from every point.‡ The students' work, however, is of most interest to nurses, as being exactly what we ourselves might do, and what we believe many nurses would be glad to do if the opportunity were given them. Such an opportunity of any definite nature exists nowhere at present, so far as we know, though undoubtedly the district and visiting nurses are able in the course of their general duties to perform a large amount of useful work in this direction. This, however, cannot be compared in usefulness with the work which might be accomplished were it possible to make provision for one or more nurses to carry on this special work regularly and systematically. In this day, while gifts for various philanthropic purposes are many, and while hospitals are not only built and maintained, but libraries and laboratories are added and costly apparatus supplied for the purpose of investigating disease in order to fight it more effectually, it seems reasonable to assume that some effort ought to be made to apply as fully and practically as possible that knowledge which we have already obtained.

If in Baltimore one young student, whose time was already nearly filled with exacting studies and duties, could accomplish so much, might not the results accomplished by another woman, equally earnest and conscientious, who could give her whole time, be proportionately greater? We think this idea might be carried out in various ways.

By a special fund providing for the maintenance of this particular work in connection with that of the visiting nurse, one or more nurses might be added to the regular staff, whose whole time would be devoted

* Statistics, Board of Health of New York City.

† "The Tuberculous Areas of Baltimore," by Dr. H. W. Buckler, in the *Johns Hopkins Hospital Bulletin*, July, 1901.

‡ *The Philadelphia Medical Journal*, special number on "Tuberculosis," December 1, 1900.

to this special object,—that is, the prevention of the spread of tuberculosis by such measures as have been already outlined. This work might also be carried on in some instances through the regular nursing-staff of a hospital. The latter idea finds expression already in some institutions, as, for instance, in the Children's Hospital, Boston, where one nurse is set apart for visiting the homes of the recently discharged children and giving them the necessary supervision, care, and instruction in their own homes as a continuation of the hospital treatment. Established not precisely for the same purpose, but somewhat similar in its effect, is the work of the outside obstetric nurse in the Johns Hopkins Hospital.

It is our belief, however, that by far the most effective method would be one which should place a nurse in this particular field of work under the auspices of the Board of Health. She might even be a member of that body (as is the case now in a few cities), and authorized to look after this part of its general work in safeguarding the health of the community. For many reasons we believe that a thoroughly well-trained, practical nurse would be a valuable addition to any Board of Health, but this especially important work can only be carried on efficiently when performed by someone who is able to utilize to the utmost existing powers and facilities for the prevention of the spread of disease, and who is supported by some recognized authority.

DISPENSARY CIRCULAR OF JOHNS HOPKINS HOSPITAL

Directions to Patients suffering from Tuberculosis.

Tuberculosis is a disease caused by the growth of very small living germs in various parts of the body. The organ most frequently diseased is the lung. The mucus or spittle coming from such a lung may contain millions of living germs and may therefore be a source of danger to other people and also to the patient if not carefully disposed of.

One careless person may be the cause of the disease being given to many others. If the mucus is expectorated in improper places it may dry and become dust, and when blown about in the air it may be inhaled by healthy persons, who become infected by the disease-germs contained in the dust.

PRECAUTIONS ABOUT EXPECTORATION, CARE OF ROOMS, DISHES, ETC.

1. Cover the mouth when coughing with the hand or with a handkerchief.

2. Never spit about the streets, on the floor, into the fireplace, or into any vessel unless it contains a disinfectant solution.

3. When indoors always spit into a cup or spittoon containing a disinfectant solution, such as carbolic acid one part, water twenty parts, or washing soda dissolved in water (as much soda as the water will dissolve). Use plenty of the disinfectant solution.

4. Empty the cup or spittoon once a day at least into the water-closet,

never upon a dust heap. After emptying, wash the vessel well with boiling water and add fresh disinfectant.

5. When out-of-doors spit into pieces of paper or pieces of old linen, and carefully burn the soiled pieces when you return to the house. If handkerchiefs are used, place them when soiled in one of the disinfectant solutions, and after soaking have them boiled for ten minutes before being washed with other clothes.

6. Do not swallow the expectoration, as by so doing other organs of the body may become diseased.

7. Kissing on the lips should be avoided, as germs may be conveyed thus from one person to another.

8. All dishes used by the patient in eating should be boiled five minutes. It is better for the patient to have his own dishes.

9. Bed-linen, towels, etc., used by the patient should be boiled by themselves.

10. Very intimate association with a patient who has lung disease should be avoided. On no account should another person share the same bed; if possible, the patient should have a bedroom to himself.

11. Rooms should be kept clean and well aired. Allow as much sunlight in them as possible; the germs cannot live long in bright sunshine. When sweeping or dusting always use a damp broom or cloth and avoid as much as possible creating a dust. Dust-cloths should be boiled.

12. Rooms which have been occupied by those who have a chronic cough should be well cleaned and painted or whitewashed before being occupied by other people. The walls and floors should be well scrubbed with strong solutions of soda (one pound of washing soda to six gallons of water) or lye and the ceilings whitewashed. The walls then may be repapered or painted.

CARE OF PERSONAL HEALTH.

1. Live in the fresh air constantly; do not be afraid of cold or damp weather. Be outside all the sunny hours of the day.

2. Avoid overheated and ill-ventilated rooms. Keep the windows of your bedroom open all night. If you avoid a draught of air, you need not fear the cold.

3. Do not overclothe yourself; wear woollen garments next the skin, but do not wear more clothes than healthy people wear.

4. A cold sponge-bath every morning will make you less liable to take cold.

5. Drink much milk and eat as much as possible, even if you do not care to. Milk should be boiled before use.

EXTRACTS FROM THE REPORT OF THE TENEMENT-HOUSE COMMISSION, NEW YORK, 1901

(By permission)

(Concluded)

As has been stated, the greatest evil of the present day is the lack of light and air, and it is in the new type of building which is being erected at the present time that this evil is especially felt. As a result of this lack of light and air, we find that the dread disease, pulmonary tuberculosis, has become practically epidemic in this city. The testimony taken before the Tenement-House Commission at its public hearings, in which leading physicians and specialists upon this subject testified, shows that there are over eight thousand deaths a year in New York City due to this disease alone; that there are at least twenty thousand cases of well-developed and recognized pulmonary tuberculosis in the city, and, in addition, a large number of obscure or incipient cases. The connection between this disease and the character of the tenement-houses in which the poor people live is of the very closest.

The work of the committee of 1865 was due in large part to the epidemics of typhus fever, small-pox, and similar diseases existing at that time, caused largely by the unsanitary condition of the tenement-houses.

The chief problem of that time was to do away with filth and provide tenement-houses with proper sanitary conveniences. To-day the problem is different. There are no longer epidemics of typhus and typhoid fever in this city, although recent developments have shown how easy it is for a disease like small-pox to find a foothold in the tenements despite the watchful and efficient measures of the Board of Health. There exists at the present time, however, a much more serious epidemic, caused by the peculiar evils of the tenement-houses at the present time—pulmonary tuberculosis.

It was the testimony of all the physicians who testified before the Tenement-House Commission that the conditions in the tenement-houses were directly responsible for the tremendous extent and spread of this contagious disease, and that the first and most important step to be taken to check it was the improvement of the tenement-house, especially with regard to light and air.

Bearing these facts in mind, it becomes evident that the present type of "air-shaft" must be done away with in all future tenement-houses. Practically all the witnesses who testified before the commission united in the opinion that the "air-shaft" was the most serious

evil of the present tenement-house. This testimony came from people who live in tenement-houses; from settlement and charity workers living in tenement districts; from physicians; from tenement-house owners; and from every one who has had any knowledge or experience of this subject. One of the witnesses said that the "air-shaft" should not be called an air-shaft, but should be called "a foul-air shaft," and we find that it has even been designated as "a culture-tube on a gigantic scale." The objections to the "air-shaft" are that, owing to its narrowness and height, it cannot possibly afford light to the rooms, but only semi-darkness; that, owing to the same narrowness and height, and also to the fact that it is generally enclosed on four sides, it is impossible for it to furnish fresh air to the rooms, but, instead, it simply becomes a stagnant well of foul air emptied from each one of the sixty rooms opening upon it. Many persons testified that the air from these shafts was so foul and the odors so vile that they had to close the windows opening into them, and in some cases the windows were permanently nailed up for this reason. Moreover, the tenants often use the "air-shaft" as a receptacle for garbage and all sorts of refuse and indescribable filth thrown out of the windows, and this mass of filth is often allowed to remain, rotting at the bottom of the shaft for weeks without being cleaned out. From other points of view than that of light and air the "air-shaft" stands condemned. It serves as a conveyer of smells and noise and is one of the greatest elements in destroying privacy in the tenement-house. Through it one hears the sounds that occur in the rooms of every other family in the building, and often in these narrow shafts the windows of one apartment look directly into the windows of another apartment not more than five feet away. Privacy under such conditions is not only difficult, but impossible. The attention of the commission has been called to the fact that these conditions have led in numerous cases to grave immorality.

From the point of view of danger from fire the "air-shaft" is equally objectionable. The fire-department for years has protested against it as one of the most serious evils with which it has to contend in fighting tenement-house fires.

From the investigation of the way in which fire spreads through tenement-houses made by this commission, embracing all tenement-house fires occurring during the past two years and a half in this city, we find that twenty-six per cent., or over one-fourth of all the fires, spread by means of the "air-shaft." It is not at all surprising that this should be the case, because such a shaft in case of fire must necessarily become nothing more than a tremendous flue.

The commission therefore recommends that such narrow "air-shafts" be absolutely prohibited in all future tenement-houses, and that

proper courts sufficiently large to secure adequate light and ventilation to all rooms be required. . . .

The intimate relation and connection of tuberculosis with the evils of the tenement-house system has been already alluded to. As has been stated by Dr. Biggs and Dr. Guerard, in the special papers prepared by them upon this subject, the first step in meeting this problem will be the improvement of the conditions of the houses in which the poor people of this city live. It is apparent, however, that many other things ought to be done to wipe out this disease, which carries off so large a proportion of the population. The Board of Health should organize a system of inspection of the rooms of all tuberculous patients and should see that they are properly disinfected after a death from this cause, and also that whenever a tuberculous patient is moved out of a tenement-house the rooms should be disinfected. Proper hospitals and sanatoria for persons in both the incipient and advanced stages of this disease should be provided in adequate number. . . .

Tenement-house labor is generally carried on in the dwelling-room of the family, where old and young are crowded in with the workers. The danger of contagion when any member of the family is ill, therefore, is very great. A member of the commission has seen garments piled on the floor in the midst of dirt and rubbish, garments stacked on the bed, and some of them used as pillows for sick children, and in one instance garments were found stored in the same room with a sick man apparently in an advanced stage of tuberculosis. Such conditions the commission regards as a serious menace to public health. It believes that manufacturing cannot be continued in the tenement-houses with safety to the general public except at great expense in the way of investigation and supervision, in view of the immense amount of labor at present carried on in tenement-houses. The commission does not, however, feel warranted in recommending the absolute abolition of tenement-house labor. It recommends the amendment of Chapter 191 of the "Laws of 1899" by the insertion of a proviso that no license shall be issued for any room in a tenement-house containing less than twelve hundred and fifty cubic feet of air, or used for the purpose of cooking, eating, or sleeping, for children, or otherwise than as a workshop. This recommendation regarding the size of the room in which labor should be allowed is based upon its knowledge of the constant use by all the members of the family of any room connected with a living apartment. It is also based upon the universally accepted fact that the average tenement-house family consists of five members, though undoubtedly in frequent instances the boarders taken by such families make the average size higher. Among the Italian garment-workers it has been frequently found that two and even three families, making a total of from ten

to fifteen individuals, occupy a single apartment. But, taking the conservative estimate and applying the provision of the law that a workshop must have at least two hundred and fifty feet of cubic space for each worker, your commission believes that twelve hundred and fifty feet should be required as the minimum size of any workroom in a tenement-house, because experience has shown that an average of not less than five persons will use the room for a greater or less part of the day.

This requirement of space seems especially important in view of the disposition of builders to make the living-room of the family constantly smaller and smaller.

The commission also recommends an increase in the force of the Factory Inspector's Department to enable him to adequately enforce the law in tenement-houses. . . .

Until there is an adequate corps of sanitary inspectors to inspect the lower grade of tenement-houses thoroughly at least once a month, there is little hope that the evils of the existing tenement-houses will be remedied. The value of such an inspection cannot be overestimated. The report of the inspector employed by the commission shows that his mere presence in buildings, without giving any orders, or without any legal proceedings being brought, was of the most beneficial effect, and that it had a salutary moral influence in remedying bad conditions. If this is so in the case of one man attempting to use no authority, it is not difficult to conceive what results could be accomplished if a systematic, thorough, and frequent inspection of the tenements were made. . . . The fact that the Health Department no longer makes inspections on its own initiative, but does most of its work on complaint of citizens, shows that a radical change is imperative. It should not be necessary for any considerable number of such complaints to be filed. There should be systematic, regular, thorough, and adequate inspection of all the tenement-houses in this city at all times. If such inspection were carried on, the greater part of the tenement-house evils would be remedied without the necessity for the filing of complaints, or for taking legal proceedings, or for the issuance of the numerous "orders" that are now issued by the Department of Health. To any one of experience in sanitary affairs, it is obvious that if such inspection is properly carried out the sanitary evils will very greatly diminish. It has been the history of Glasgow and other well-administered municipalities. In Glasgow there are one hundred and fifty sanitary inspectors and in London about two hundred and thirty. While the commission appreciates that a large force means additional outlay by the city, it believes that any sum of money likely to be spent for this work would be a paying investment both to the city and the State.

PRACTICAL POINTS ON PRIVATE NURSING

IN CHARGE OF

ISABEL McISAAC

THE MANAGEMENT OF BLENORRHŒA NEONATORUM, WITH ESPECIAL REFERENCE TO THE DUTIES OF THE NURSE

By CASSIUS D. WESCOTT, M.D.

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AND

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The treatment of purulent conjunctivitis of the new-born should begin with intelligent efforts at prophylaxis in all cases where a competent person is in attendance at the delivery. As the cause of the disease is known to be a specific microörganism from a contaminated birth-canal, our first duty is plain. We must in all cases ascertain if there is a history or evidence of a vaginal discharge, and, if so, take no chances as to its being sterile and innocuous. As there is no efficient germicide which can be used in sufficient quantities to surely and safely destroy all microörganisms in an infected vagina, we must place our dependence, so far as the birth-canal is concerned, upon thorough mechanical cleansing of the parts, preferably with a copious alkaline douche, which will dissolve and wash away all infected mucus. From the stand-point of the obstetrician, the earlier this is done the better, in order that time may elapse for the secretion of a new supply of mucus for the lubrication of the birth-canal. An efficient and harmless solution, which will also be unirritating if it should get into the baby's eyes, is a three per cent. solution of sodium biborate (common borax), or a two per cent. solution of sodium carbonate (sal soda), sterilized by boiling. There is no chemical disinfectant which can be used in sufficient strength to do any good that will not irritate the eye.

In all cases, as soon as the head has escaped from the vulva the nurse should have ready one of the above solutions or a warm solu-

tion of boric acid or common salt, and as soon as possible the face of the child should be carefully bathed and the eyes thoroughly flushed out. In an infected case no time is to be lost, and if there is a delay in the delivery of the shoulders or in the tying of the cord, the time cannot be better spent than in giving attention to this matter. In at least one large lying-in hospital the percentage of cases of this disease has been reduced to an insignificant point simply by the use of warm sterile water for cleansing the lids and conjunctival sac immediately after birth.

For more than a century the nitrate of silver has been used in the treatment of conjunctivitis in all its forms, and for half a century strong solutions of this salt have been our main reliance in the treatment of purulent conjunctivitis of the new-born. For many years this remedy has also been used to neutralize the poison in cases of accidental infection of a healthy eye by a drop of pus from an inflamed one. In 1882 Professor Credé, of Leipsic, proposed the method of prophylaxis in blenorrhœa neonatorum which bears his name, and which is still in very general use in the large lying-in hospitals of the world. He recommended the routine use of a two per cent. solution of nitrate of silver dropped into the baby's eyes immediately after birth, and the practice of his method in European institutions has resulted in reducing the number of cases of this disease very much. In round numbers, one in ten of the babies born in public institutions before the introduction of this method were afflicted; at present the number is not more than one in five hundred in institutions where the method is thoroughly carried out. It seems to us unwise to recommend so severe a measure as a routine practice, for the reason that a number of cases have been reported in which more or less irritation has developed as a direct consequence of such applications. In the presence, however, of obvious infection there can be no objection to this practice.

Within the past two or three years protargol, an organic salt of silver more penetrating but less caustic than nitrate of silver, has been demonstrated to be quite as efficient in the treatment of the disease under discussion. So far no unpleasant results from the use of protargol have been reported. It is, therefore, perfectly safe to use a ten or twenty per cent. solution of this drug as a prophylactic in all suspected cases as soon as possible after the eyes of the baby have been properly cleansed.

If in spite of all precautions the disease develops, it will be manifested, as a rule, from three to five days after birth by redness of the eye and a slight discharge. It is the duty of the nurse, as well as of the accoucheur, to examine the eyes of the new-born baby each day during

the lying-in period, and at the first sign of trouble, if discovered by the nurse, the attention of the physician should be directed to the matter. During the first two or three days after the disease begins there is usually little or no pus present and comparatively little swelling of the lids, except in the most violent cases. During this so-called first stage the treatment should be that of an ordinary acute catarrhal conjunctivitis,—viz., iced compresses applied for an hour twice a day if the baby is well and strong, gentle flushing of the conjunctival sac with a warm, saturated solution of boric acid or permanganate of potassium, 1 to 2,000, and the application once a day of one or two drops of a ten per cent. solution of protargol. Nitrate of silver should not be used during the first stage of this disease, and in our experience the bichloride of mercury is decidedly irritating. As soon as pus begins to form, the eyes must be cleansed more frequently,—every hour during the day and every two hours during the night,—and the edges of the lids should be kept constantly anointed with sterile vaseline to prevent their agglutination and the retention of the discharge. Drainage is indicated whenever there is suppuration, and if we can prevent the sticking together of the lids in this way, we allow free drainage and reduce the irritation which invariably results from retention of the discharges in these cases. At this time we may also increase the strength of the protargol solution from ten to twenty per cent., and if the application of this solution does not reduce the amount of pus formation after two or three days, it may be used twice each day. It goes without saying that the eyes must first be thoroughly cleansed by gentle irrigation with the boric or permanganate solution before the protargol is applied.

In all cases it will be noticed that after the discharge has been washed away from the everted lids there are strings or shreds of mucus in the folds of the conjunctiva. The nurse should endeavor at each cleansing to wash them out by continuous flushing and gentle manipulation of the lids. If she does not succeed in keeping the eyes free from these shreds, the physician should remove them at least once a day by very careful manipulation with a soft, brush-like swab, made by twisting a bit of sterile cotton on the end of a wooden toothpick. Great care must be used in this procedure, for the inflamed conjunctiva is easily abraded, and each break in its surface affords a new avenue for deeper infection.

If the conjunctiva of the globe becomes swollen and edematous and rolls up over the edge of the cornea, the nutrition of this precious membrane becomes threatened, and inflammation of the cornea, with ulceration or sloughing, is the cause of the blindness which follows this

disease. It is, therefore, necessary to examine carefully the condition of the cornea each day, and at the slightest indication of haziness of its surface the iced compresses should be discontinued and hot fomentations resorted to. They may be applied every three hours for fifteen minutes each time. Great care and judgment are necessary in order that the heat be sufficient to be effective without burning the delicate skin of the lids, and that it be continuous. The compresses should be changed at least every sixty seconds during their application. When the cornea becomes ulcerated, great care must be used in the manipulation of the lids not to make pressure upon the eyeball for fear of causing perforation. If the lids are slippery from the presence of vaseline or discharge, a single thickness of gauze or a little cotton held between the finger and the lid will be found a great help in opening the eye. Free radiating incisions in the overlapping conjunctiva are indicated in threatened strangulation of the vessels at the margin of the cornea. Atropine should be used in all cases where the cornea is involved in the inflammation; one drop of a half per cent. solution every three hours is usually sufficient.

In the very exceptional cases where the twenty per cent. solution of protargol does not produce the desired effect, nitrate of silver is still used in solutions varying from two to twelve per cent. and applied once a day. The application should be absolutely limited to the everted lids, and great care should be exercised that the cornea is perfectly protected, the solution completely neutralized with a normal salt solution, and all shreds of mucus washed away before the lids are allowed to close.

As the discharge of pus begins to diminish, which may not be for several weeks in bad cases, we may somewhat modify our treatment; the strong applications need not be quite so strong, and the cleansing need not be quite so frequent; but the most important item in the treatment of all these cases is the frequent, thorough cleansing of the eyes. We are absolutely opposed, however, to the quite common practice of disturbing these delicate babies every fifteen minutes or half-hour. We must not forget the baby and his general welfare in the treatment of his eyes, and if he is not allowed ample time to rest, and if he is not carefully and well nourished, his resisting power soon becomes so very much reduced that no treatment will save the eyes. It is undoubtedly true that many of these little patients are treated to death, and if the cleansing is thoroughly done as above described each hour and the lids kept constantly anointed, in order to prevent accumulation of the irritating discharge, more frequent cleansing will not be necessary. Great care must also be exercised to prevent much crying of these little patients. They must be kept warm, regularly nursed or fed, and the

slightest derangement of the alimentary canal must be attended to. If the cause of the crying cannot be ascertained and removed, it is wiser to soothe the baby with a simple anodyne than to permit the crying to go on.

For the treatment of the chronic conjunctivitis that follows the more severe acute inflammation nothing is better than a one per cent. solution of protargol applied once a day, or a half per cent. solution of zinc sulphate.

It should not be necessary to point out the danger which lies in all things which come in contact with the discharge from these eyes. The nurse must be constantly on her guard, and must form the habit of not touching her own face or the faces of her companions without first sterilizing her hands. Cotton used about the baby should be destroyed at once, and towels thoroughly boiled before being used again. It is well to put the baby in a sack closed about the neck, or to pin the sleeves down in such a way that he cannot get the hands to the face to become contaminated.

Blenorrhœa neonatorum is responsible for at least twenty-five per cent. of all the blindness in the world, and yet not one case in a hundred should result disastrously if skilfully and patiently managed. In fact, it is the very rare exception for an eye to be lost when treated by the experienced ophthalmologist from the first, with the aid of a good nurse. Without the good nurse the doctor is powerless in these cases, and her responsibility is even greater than his, because upon her constant fidelity and care really depends the sight of a fellow-creature. And what fate more terrible than to live and not to see!

EDUCATIONAL

IN CHARGE OF

ISABEL HAMPTON ROBB

THE DUTIES OF THE HEAD NURSE

By M. HELENA McMILLAN, B.A.
Principal of Training-School, Lakeside Hospital, Cleveland, Ohio

THE use of the name, "head nurse," is somewhat ambiguous, sometimes implying the head or superior nurse in an institution, and again the nurse in charge of one department of that institution.

The latter meaning is the more common of the two, and it is the one to which this paper will limit itself.

In our modern hospitals the demands made upon the head nurse of a department are numerous indeed, and the woman who holds that position must be gifted with patience and trained not only in nursing, but in various other sciences. For instance, she must be capable of weighing correctly the characters of those with whom she comes in contact, and of making due allowance for each particular weakness or peculiarity. For her own sake, as she passes along, she should be able to absorb to herself lessons from these same shortcomings, or if by chance a strong individuality come in her path, of drawing strength from that character for future need.

She must be skilled in the knowledge of housekeeping, knowing to a nicety the amount of milk, tea, butter, or sugar to give the individual patient at each meal; the particular polish to be used in the cleaning of silver, copper, or brass, and the way each should be applied; the most approved style of cutting garments for men, women, and children in hospital wards; the newest method of preparing and serving each article of diet, with all the other details of keeping house.

In addition to knowing all these and many other things, she must have the art of imparting that knowledge to others, of making others as skilled as herself.

In the hospital organization which is most approved by modern authorities the head nurse of a department is responsible directly to the superintendent of nurses, who again must answer to a higher authority.

Each head nurse is responsible to the head of the nursing department for the good nursing of the patients and for the general management of the ward or other department, including the housekeeping and cleanliness, the supervision and direction of maids and orderlies, the conduct, good work, and training of the pupils, the work and deportment of nurses on special duty, and, in fact, of everybody and everything which may be concerned in the every-day work of the department.

So that the executive part of the institution may run smoothly, the head nurse must have demands made upon her from the executive centre, —the office,—and must be capable of some clerical work.

She has not only to manage her one department successfully, but in such a manner that it will form part of a united whole—not standing isolated by itself, but in touch with the other departments; and although in many ways it is independent, in still more ways it depends for its smallest requirements on those other departments.

A woman who would be a successful head nurse must have grasped the right idea of living; must understand thoroughly the relation in which she stands to others; must be broad-minded, generous in her judgments, susceptible to influences which elevate, but beyond the reach and incapable of being tainted by harmful ones.

She should have a strong individuality, capable of taking a stand and abiding by it, for if she have not, she, with the rest of her department, will be driven here and there and finally stranded.

The character of the head nurse puts its stamp upon the whole department and those in it. If she herself has learned the lesson of self-government, has cultivated the quality of tact and uses it, that fact is plainly manifested to the initiated by an atmosphere of peace and contentment among the patients, the nurses, the domestics.

How different from this is the moral atmosphere which strikes one on entering the ward of the self-absorbed woman. This ward is managed not on principle, but according to the feelings of the head nurse. She has a headache or is upset—the whole ward knows it. The junior nurses and probationers try to hide eyes disfigured by all degrees of redness; the patients are silent and have a distressed appearance; the maids go around on tiptoe; the doctors make rapid rounds and depart abruptly; the head of the school pays her visit and retires feeling uncomfortable and dissatisfied.

The head nurse herself does not realize, possibly may never know, the harm she is doing to herself and others, the opportunities for good which she is losing.

In our modern school for nurses the position which the graduate head nurse should hold is that of an officer of the school. At the present

stage of progress in hospital organization the recognition of the head nurse is doubtful. This is probably due to the fact that until late years graduate head nurses were unknown—pupils filled these positions, and continue to do so in many hospitals.

We will hope, however, that before long this will be rectified, and that the head nurse will receive the official recognition which is her due. Before that time arrives, however, there is much preparation to be made, both on the side of the school and the side of the head nurse. The head of the school must be given time to learn to think of the head nurse in this new capacity; to come down off her own pedestal and accept the head of each department as a co-worker; to cease to merely issue orders, but to consult and advise with her staff of officers. This all means a revolution of thought for the superintendent, so she must not be hurried too much.

On the part of the head nurse there is also much preparation necessary. If she is to become an officer of the school, a greater loyalty must be shown to the head of the school than is always the case at present. She must take the trouble to find out the policy of the school and the ideas and wishes of its chief officer and follow those wishes. She must herself assist in the effort of raising the dignity of the position of head nurse by dignifying the individual position by her personality.

A large part of the practical training of the pupil devolves upon the head nurse of a hospital. Of this fact each head nurse should be glad, for we know that by attempting to teach others we find out how much we ourselves really know. One way of educating ourselves is to attempt to impart our knowledge to others, for in that way we soon learn our weakness.

This work of training and teaching the pupil nurse in her department is as much a part of the head nurse's duties as is the care of the patients, the carrying out of the doctor's orders, and the many other details of the work.

If a head nurse is to be held responsible for the way in which a young nurse starts her practical training, naturally that head nurse will herself wish to instruct the pupil in all details, instead of delegating that privilege to some other pupil a little further advanced in her training.

In a large, busy hospital, where there is much work to be accomplished, everybody is so busily engaged with the practical work of the institution that at times all are apt to lose sight of the fact that there is an educational aspect to be remembered. We frequently forget that pupil nurses are not in the wards merely to take care of the patients, but also to learn. In fact, from the pupil's point of view the sole object

of her being in the hospital is an educational one, and this point a head nurse in particular should remember.

There is no doubt that the duty which the head nurse owes to the pupil is at times a trying one, but it is nevertheless a duty. On the other hand, a head nurse, if she go about it the right way, may herself gain much from the self-control and discipline which she is thus compelled to exercise.

Without self-control the head nurse cannot do either herself or the pupil justice. The nagging head nurse who scolds from seven in the morning to seven at night, who never fails to point out the poor quality of a pupil's work, but forgets to say a word of encouragement occasionally, does not succeed in obtaining the pupil's best efforts. She does succeed in making the pupil fear and dislike her, but, as a rule, does not secure her respect.

The head nurse who goes to the other extreme and is carelessly lax in her discipline, showing partiality to some of her nurses, or even making chums of them, fails also in winning the respect of her nurses.

If we are going to succeed as head nurses, we must strike a happy medium between these two examples. If we would win the respect of our pupils, we must show ourselves worthy of their respect—we must earn it. We must learn to be just and impartial in all cases; to avoid carefully nagging and scolding, and to substitute in their places teaching and correcting and guiding. We must appreciate the fact that we must practise what we preach, for if we wish the pupils under our supervision to adopt certain methods, to maintain a certain deportment, we ourselves must set them the example; they will follow our example, not our precept.

Other duties comprised in those usually allotted to the head nurse are those which she owes to the members of the staff, to the patients, —other than the usual nursing,—to the patients' relatives and friends, to the public. In fact, the list seems never-ending. The nurse as head nurse, like the nurse on private duty, seems to be public property, and must make strenuous efforts to live up to everybody's expectations.

If, however, we as graduate head nurses wish for more privileges, for more recognition from the higher powers, we must show ourselves capable of meeting all these demands. If we wish our positions to advance with the general advancement in nurses' schools, we must bestir ourselves.

Upon us alone depends the degree of dignity which accompanies the term "head nurse."

CHILDREN'S DEPARTMENT

IN CHARGE OF
LOUISE C. BRENT

THE FEEDING OF CHILDREN

By JOSEPH ROBY, A.M., M.D.
Rochester, New York

(Concluded)

FEEDING OF SICK CHILDREN.

The prevention of disease occupies the attention of the medical profession to-day, and it should be the aim of the mother or nurse in feeding children. It is very much easier to prevent an attack of colitis or dysentery in a child by not giving it green apples than it is to cure the attack even by the most approved methods of infant feeding. Green or over-ripe fruit is very liable to cause trouble to a young child, and most children up to eighteen months of age are better off without whole raw fruit, even if just ripe. The juice is allowable, but not the fibre. A child's lunch at school should not consist of rich fruit-cake or mince-pie. This may seem a foolish warning, yet one sees children have that kind of a lunch. Ham, sausage, pork, raw vegetables, griddlecakes, pies, tarts, salads, and preserves should not be given to young children. An occasional piece of plain candy or sugar will do no harm, but they should not be given as a general rule.

A large percentage of the sickness of children is intestinal, and even when the disease is not of that nature at the start, it is very liable to be complicated by some form of stomach or intestinal derangement unless great care in feeding is used.

On general principles, when a child is taken sick with any acute disease accompanied by fever the first things to be done are, to put the child to bed, give a cathartic,—either calomel or castor-oil,—reduce the amount of food, and give plenty of water. When an adult is sick, he would not think of eating his usual heavy dinner, and no more should an infant be given its regular milk. The child is thirsty and needs water, not food. Children under a year who are breast-fed may have their food reduced by cutting down the length of time allowed for each nursing, or by nursing from only one breast. Water should be given from a spoon or bottle. Children on bottles should have their usual

milk, whether it is a home or laboratory modification, diluted one-half with water. Plain water should be given between the hours for feeding. In young children, especially when intestinal trouble is suspected, it is better to give no milk at all for twenty-four hours, using simply water, barley-water, or egg albumin. At any rate, the child should not be given anything to eat oftener than every two hours.

Older children who are having, besides their milk, some other simple articles of food should be given milk diluted one-third with water, Vichy, or Apollinaris, and still older children on general diet should be put upon milk diet. If the child tires of milk, it may be necessary to give other things, such as broth, thin gruels, and lemonade, with the whites of eggs. In some cases milk is not retained even if considerably diluted. Then it is necessary to fall back on either peptonized milk or egg albumin. Children will often retain these when everything else is vomited. In order to get good results from peptonized milk, it must be really peptonized. The warm (100°) milk should be mixed with the peptonizing powder (ext. pancreatis, gr. v.; soda bicarb., gr. xv.), put into a clean glass jar, and then it should be allowed to stand in water at temperature of 100° on the back of the stove for one or two hours.

The milk should be bitter, and it is often slightly curdled—a part of the digestive process which does not harm the milk.

It should then be boiled five minutes, rapidly cooled, and put on ice.

Expensive food is not necessarily nutritious food, and when two articles contain about the same amount of nourishment, it is economy to buy the cheaper, provided, of course, it is as appetizing, as easily digested, and fulfils as well the needs of the organism. Animal foods are, as a rule, expensive, but must be given or the child becomes anæmic.

The United States Department of Agriculture gives the following amounts of nutritive material that can be purchased for twenty-five cents. The fuel value is calculated in calories:

Food.	Cost per pound.	Protein.	Calories obtained for 25 cents.
	Cents.	Pounds.	
Sirloin } Beef	22.	.17	1,120
Round } Beef	18.	.19	1,180
Chicken	22.	.17	400
Salt cod	8.	.50	970
Haddock	8.	.26	525
Oysters, 50 cents a quart	25.	.06	230
Eggs, 25 cents a dozen	18.2	.17	910
Milk, 6 cents a quart	3.	.30	2,675
Potatoes, 50 cents a bushel	.83	.54	9,570
Turnips	2.	.11	1,630
Oatmeal	5.	.76	9,275
Wheat flour	3.5	.79	11,755
Corn meal	3.	.77	13,720

PROGRESSIVE MOVEMENTS

IN CHARGE OF

LUCY L. DROWN

THE CONSUMERS' LEAGUE

By MRS. FLORENCE KELLEY

Corresponding Secretary the National Consumers' League

This is an organization of persons who strive to do their shopping in such ways as to benefit those who make and distribute the things bought.

The members of the Consumers' League of the City of New York give the preference in their shopping to the forty stores on its White List, because these stores are believed to approximate most nearly to the following "Standard of a Fair House" which this League has maintained for the past ten years.

STANDARD OF A FAIR HOUSE.

Wages.—A Fair House is one in which equal pay is given for work of equal value, irrespective of sex. In the departments where women only are employed, in which the minimum wages are six dollars per week for experienced adult workers, and fall in few instances below eight dollars.

In which wages are paid by the week.

In which fines, if imposed, are paid into a fund for the benefit of the employees.

In which the minimum wages of cash girls are two dollars per week, with the same conditions regarding weekly payments and fines.

Hours.—A Fair House is one in which the hours from eight A.M. to six P.M. (with three-quarters of an hour for lunch) constitute the working day, and a general half-holiday is given on one day of each week during at least two summer months.

In which a vacation of not less than one week is given with pay during the summer season.

In which all overtime is compensated for.

In which wages are paid and the premises closed for the five principal legal holidays,—viz., Thanksgiving Day, Christmas and New Year's Day, Washington's Birthday, and the Fourth of July.

Physical Conditions.—A Fair House is one in which work-, lunch-, and retiring-rooms are apart from each other, and conform in all respects to the present sanitary laws.

In which the present law regarding the providing of seats for saleswomen is observed, and the use of seats permitted.

***Other Conditions.*—A Fair House is one in which humane and considerate behavior towards employees is the rule.**

In which fidelity and length of service meet with the consideration which is their due.

In which no children under fourteen years of age are employed.

When first issued, the White List of the Consumers' League of the City of New York embraced but eight stores. It has grown fivefold because the standard of conditions of work is rising steadily though slowly in all occupations. In part, however, the growth of the White List from eight stores to forty is due to the growth of the Consumers' League from a small though very influential group of women, to a local membership of about one thousand, having an efficient organization and maintaining a ceaseless agitation on behalf of its principles. The mere numerical statement of the membership conveys no idea of the lively activities of the league. Thus, during visits to St. Paul, Minnesota, and Richmond, Virginia, the writer found friends in each city carrying in their pocket-books copies of the White List of the Consumers' League of the City of New York, because once or twice a year these ladies visit New York and conscientiously do their shopping at the stores embraced in the White List. They are not members of the Consumers' League of the City of New York, but their custom is desirable to the merchants and they reinforce the power of the league. This widespread coöperation of non-members explains in some degree the extraordinary influence of a relatively small organization.

There still remain merchants carrying on immense establishments patronized by thousand of customers who are indifferent to the work of the league. Some of the names made most familiar by wholesale advertising are conspicuously absent from the White List. In these vast stores conditions fall far below the requirements of the "Standard of a Fair House" and will continue to do so until the great body of shoppers come to a realizing sense of their responsibility in the premises. If customers insist upon shopping at night, merchants will accommodate them; and clerks, package wrappers, cash children, and delivery men must suffer. If customers leave their Christmas shopping until the week before Christmas, or if they visit the stores on Saturday afternoons and evenings in summer, the merchants must accommodate them, and the holidays become a period of bitter overwork for the employees.

The first work of the Consumers' League is, therefore, to appeal to the conscience of the individual and awaken a sense of responsibility and power. The next step is to afford trustworthy information as to

the conditions that exist from year to year so that the conscientious shopper may choose with knowledge and certainty. The former end is attained by holding meetings, delivering addresses and lectures, circulating literature, and sowing broadcast the "Standard White List." The latter end, that of affording trustworthy assurance concerning conditions of work, is accomplished by the work of the Investigating Committee, which visits stores, interviews managers, receives complaints, and seeks the acquaintance of employees. This committee receives much valuable assistance from the working-girls' clubs and the Settlements, both serving as points of contact with intelligent and trustworthy employees. By interviewing both employers and employees, and cultivating the acquaintance of the largest possible number of both through a series of years, it is possible to know pretty accurately whether or not a store is living up to the "Standard of a Fair House" and deserves to be kept on the White List. From time to time a new store is added to the White List. In a few cases, stores have been dropped from the list. This, however, never lasts long, for the members of the Consumers' League proceed to transfer their accounts to stores which have not been dropped, calling the attention of the dropped firm to this action and the reason for it. No store has been willing to remain off the White List after being embraced in it. Backslidings are, therefore, promptly repaired, and the erring concern is reinstated upon compliance with the requirements of the "Standard of a Fair House."

The National Consumers' League was formed in 1899 by the union of four leagues previously existing in New York, Massachusetts, Pennsylvania, and Illinois. The National Consumers' League strives to go beyond the store to the sources of the store's supplies, encouraging the righteous, humane, and enlightened manufacturer as the local leagues strive to encourage such merchants.

The National Consumers' League has selected as its first field of endeavor the manufacture of women's white muslin underwear, because this industry is very largely in the hands of women. The purchasers of such goods are all women, and the employees in the factories are usually ninety-seven girls to three men, the girls being between the ages of sixteen and twenty-five years.

Thus far eighteen factories in this branch of industry are authorized to use the label of the Consumers' League. The factories are in six States, Maine, Massachusetts, Rhode Island, New York, Pennsylvania, and Michigan. They make all grades of stitched underwear except the very finest, which are usually not factory made. There are included in the list manufacturers of corsets and waists as well as the usual white underwear.

Whenever a manufacturer is authorized to use the label of the Consumers' League, he signs a contract binding himself to have his work done wholly on his own premises, to employ no children under sixteen years of age, to require not more than ten hours' work a day and sixty hours a week, and to obey all the provisions of the State factory law of the State in which his factory is located.

There are now about thirty Consumers' Leagues in eleven States. In many other States there is a corresponding member who serves as a nucleus for the organization of a league. It is hoped that in time the whole body of shoppers may be induced to adopt the principles of the Consumers' League. In proportion as its constituency grows, the league can extend its field of activity, embracing the manufacture of other garments, and ultimately of all those things which are produced for personal consumption,—clothing, food, furniture, books, etc.

The Consumers' League finds many of its most valuable members among physicians and nurses because they, more than the members of any other profession, come into contact with disease and suffering engendered by conditions of work; and they find it easy to trace the chain of cause and effect, and are correspondingly willing to take trouble for the sake of concerted action for the improvement of industrial conditions. To nurses the bare statement that there are nearly twenty thousand groups of garment-workers in New York who are licensed to make garments in tenement-houses tells the story of infection carried with the garments made under such conditions. To them no elaborate argument need be made on behalf of factory work in preference to tenement-house work. To nurses the Consumers' League appeals as to its natural allies, asking them to shop according to its White List in cities where a White List exists, to ask for the label of the Consumers' League when buying underwear (and insist upon getting it), to join the league so that it may have the strength which comes from numbers, and to bring its aims and methods to the notice of their friends within and without the profession.

We are all of us spending money (however little) all the time; and every time we spend a dollar we help to determine, by our selection of goods, whether the factories and stores which are carried on righteously shall prosper, or whether the baser competitor shall thrive at the expense of the nobler. We can make our choice wisely and helpfully only in proportion as we use the opportunities which are increasingly offered for informing ourselves concerning the conditions of manufacture and distribution of goods made to be sold to women. One effective help to a wise choice is offered by the work of the Consumers' League.

PROPHYLACTICS

IN CHARGE OF

MARY M. RIDDLE

MEDICAL INSPECTION OF SCHOOLS IN BOSTON

By CHARLES G. DEWEY, M.D.

The primary schools have always been among the most important factors in the spread of contagious diseases. Here the children, at the most susceptible age, are brought into the closest relations. The school-rooms are usually overcrowded and often poorly ventilated; the children's outer garments are hung so closely together that they touch those of other children; they often use the same cups in drinking and sometimes the same towels, and during the intermissions their games bring them into personal contact with other children from all parts of the school district.

All this has long been recognized, and various efforts have been made to remedy the evil. But these efforts resulted in comparatively little good, as they were usually not very systematic or did not reach the root of the matter. It remained for the Board of Health of the City of Boston to inaugurate a system which is doing much to solve the problem.

In 1894, after several serious epidemics of contagious diseases, the Board of Health, with the support and coöperation of the School Board, began what is termed the "medical inspection of schools." The plan was so carefully thought out, that after over six years' trial it has had to be changed in but few particulars.

The details of the system are as follows: The city is divided into about fifty districts, varying in area according to the density of population and number of schools. There are on an average four schools and about sixteen hundred school-children in each district. To each district is assigned a physician, usually a recent graduate with hospital training and experience in contagious diseases. Each school-day, as soon after the opening hour as possible, he goes to each of his schools and sees the children who in the judgment of the teachers are not in

their usual health. The children bring printed slips filled out by their teachers with their names and of what they complain. The physician, or medical inspector, as he is called, after making his examinations, in which he is constantly on the watch for contagious disease, fills out the spaces left on the slips with his diagnosis and advice and signs them. The children then take them back to their teachers. Except in emergencies he never treats the children, but refers all needing treatment to their family physicians. He advises concerning the need of medical treatment and whether the children should be allowed to remain in school or sent home.

With contagious diseases the case is different. Here, as agent of the Board of Health, the inspector speaks with authority and himself sends the children home, advising them to call in their family physicians at once. Their books and papers are either disinfected or burned, and their desks and seats scrubbed with some disinfectant. Suspicious cases are sent home, cultures first being taken, when diphtheria is suspected, to remain under observation until a satisfactory diagnosis can be made. This is done on the ground that one child should be deprived of a few days of school rather than that many be exposed to a possible infection.

But while the primary object of school inspection is the prevention of the spread of contagious diseases, a large part of the inspector's work is in the diagnosis of other diseases. By frequent consultations the teachers, who, as a rule, are much interested in the physical condition of their children, and are by their previous training good observers, become familiar with the signs of disease, so that it is seldom that children who are really sick are not brought to the inspector's attention. It is surprising how many cases of hypertrophied tonsils, adenoids, eye-strain, and other chronic troubles they succeed in finding. The parents' attention is called to these defects, with the result that in many cases the children receive proper treatment, whereas formerly they were often allowed to go on for years, if not for life, handicapped by troubles that could easily have been remedied or relieved.

The inspector also sees all children coming to school for the first time or from other schools without proper vaccination certificates. If he finds them duly vaccinated, he certifies to that fact; if not, he refers them to their physicians for vaccination, or, if on careful investigation they are found unable to employ a physician, he vaccinates them himself.

He also consults with the teachers about the hygiene of the schoolrooms and various other matters of importance in maintaining the health of the children.

While, as a rule, the parents are pleased with school inspection, as it gives them a feeling of added security in sending their children to school, there are some who do not appreciate the disinterested advice given. This is particularly true when their attention is called to some chronic trouble, long familiarity with which makes them believe the condition to be normal. In such cases they sometimes resent what they are pleased to call the interference of the doctor. Not long ago a boy in one of the schools was seen to be anæmic. When it was learned that he was not under treatment, word was sent to his mother that he ought to be seen by his family physician. The following day came the reply that he was no worse than he had been for a long time, and that when she wanted advice she would ask for it.

But perhaps the most trouble comes from the finding of pediculi. When they are discovered the children are sent home with printed prescriptions for crude petroleum and directions for its use, signed by the master. For some unaccountable reason many mothers, instead of being grateful, consider the finding of these pests in their children's hair a direct reflection on themselves, and occasionally an irate woman appears at the school and expresses her opinion of teacher and doctor forcibly if not elegantly. Even the inspector has been known to receive a call later, during which he has been given much gratuitous advice. Two years ago general inspection of the children's heads was made with excellent results, so far as finding pediculi was concerned. Yet it is doubtful if many of the teachers or physicians would care to repeat the experience.

Some physicians carry the inspection in the primary schools a step further, and see not only those who are not well, but also those returning to school from sickness, when they bring notes from their own physicians stating the nature of their illness. Of course, this greatly increases the inspector's work, but it has in several instances resulted in the detection of cases of scarlet fever and diphtheria, to say nothing of the milder exanthemata. These cases of scarlet fever were so mild that no physician had been called, the parents supposing that the children had only ordinary colds. If they had been allowed to return to school in the midst of desquamation many children would have been exposed.

In this connection it may do no harm to mention one case to illustrate, on the one hand, the criminal carelessness of some people and, on the other, the watchfulness of the teachers. A boy after the morning visit was sent home on account of vomiting. Two days later his sister returned to school, who on being questioned said that her brother was better, but that his skin was quite red, also that no physician had been

called. Upon his morning visit these facts were reported to the inspector, who immediately went to the house and asked to see the boy. As was suspected, he was in the eruptive stage of scarlet fever. The mother was told this and was directed to isolate the child at once and to send for their family physician. Upon calling the next morning to see if the child had beeen properly isolated, he found him with the rest of the family, one a child going to the children's hospital for treatment, and was met with the statement that upon his return from work in the evening the father had decided that the child was not sick enough to need a physician and that none had been called. It is needless to say that the case was at once reported to the Board of Health, which removed the child to the hospital. As he was not very sick, he undoubtedly would have been sent back to school within a few days had not the nature of his sickness been discovered, and been a source of great danger to two or three hundred children.

If by any chance several cases of scarlet fever, diphtheria, or measles do develop in a school, then the inspector's duties become more exacting. He makes a careful investigation to ascertain, if possible, the source of infection, he examines all of the children in certain rooms or in the whole school if necessary, and, should the disease be diphtheria, takes cultures from all suspicious throats and noses. If he considers certain rooms infected, he at once requests the Board of Health to disinfect them. By these means, in connection with the labors of the Board of Health, several epidemics which promised to be wide-spread have been stopped.*

In addition to the required work, in many districts the medical inspectors are requested to give talks to the mothers of the kindergarten children once a year at one of their monthly meetings. The talks, or, as many like to have them, open congresses, are usually about the general care of young children, and touch upon such subjects as food, clothing, sleep, bathing, etc., and more or less upon the contagious diseases. These meetings are fairly well attended and, judging from the questions asked, provoke a good deal of discussion among the mothers, thus helping to diffuse a general if not a deep knowledge of the care of children.

At the end of each month the slips on which the diagnoses are recorded are collected, and from them the inspector makes out a report to the Board of Health. From these reports are compiled the statistics

* The *Annals of Gynæcology and Pediatry for January*, 1898, contains very interesting accounts of such epidemics, by H. D. Arnold, M.D., E. T. Twitchell, M.D., and others.

of school inspection. The summary for the year 1899—that for 1900 is not yet available—is as follows:

Specific infectious diseases	468
Oral and respiratory diseases	2,738
Diseases of the ear	144
Diseases of the eye	434
Diseases of the skin	3,252
Miscellaneous diseases	10,413
Total	17,449

As has been intimated, the physician has a dual duty,—the first as school inspector, the second as agent of the Board of Health. In the latter capacity he visits every case of scarlet fever and of diphtheria reported in his district that has not been sent to the hospital, being kept informed of all such cases, as well as of measles, by daily reports sent by the Board of Health. He inquires carefully into the isolation of each case and reports to the Board of Health whether or not it is satisfactory; he sees that a card is placed on the door of the room in which the patient is confined, setting it apart by the Board of Health as a place of detention for that patient until released by its order; he leaves a card for the physician attending the case, stating that the Board of Health will coöperate with him in the isolation of the patient; and, finally, he sees each patient upon recovery, verifying the attending physician's statement as to the termination of desquamation in scarlet fever, and in diphtheria taking a culture from nose and throat when the attending physician has succeeded in getting a negative culture from both. Patients are released from the latter disease only after two successive negative cultures from both nose and throat, the second being always taken by the medical inspector. This often necessitates taking several cultures, occasionally many. Upon his report in scarlet fever, or negative culture in diphtheria, the Board of Health sends its men, who disinfect with formaldehyde the room or rooms infected by the patient.

By a regulation of the School Board no child is allowed to return to school from a house in which there has been scarlet fever or diphtheria until two weeks after disinfection; in cases of measles, not until one week after recovery. There are no exceptions to these rules, and the inspector tries to assist the teachers in carrying them out. He is often called upon to decide whether a week has elapsed since a child has recovered from the measles or whether he has fully recovered from the other contagious diseases, as German measles, chicken-pox, whooping-cough, etc.

The foregoing is a crude description of the details of the medical inspection of schools. That the system is perfect is not claimed, but no one who is familiar with its workings can for a moment doubt its great usefulness. It has undoubtedly resulted in the saving of some lives and of much valuable time for children and parents. Looking at it from a pecuniary stand-point, it has many times paid for itself in saving great expenses to both city and individuals by limiting the spread of contagious diseases. It has also made many children's lives happier and more worth living by the removal of physical defects.

The system has been criticised as not going far enough in physical examinations, as for defective vision, and by some for not treating the children's diseases. Such criticisms are unfair, and show lack of familiarity with the conditions existing.

As time goes on doubtless modifications of the system will be made. But that it is the correct solution of the problem of the control of contagious diseases in our schools is evidenced by the hearty approval of all the masters and teachers, and by the fact that several cities have already adopted it, varying its details to meet their respective needs, and that each year sees more and more cities inquiring into it and taking it up. Eventually, there can be little doubt, as it can be easily adapted to smaller places as well as to the larger cities, the system will be in general use throughout our land.

CONSTRUCTION, SANITATION, AND HYGIENE

IN CHARGE OF

M. E. P. DAVIS

PRACTICAL SUGGESTIONS FOR A MODERN HOSPITAL LAUNDRY, AND MODERN METHODS OF WASHING HOSPITAL CLOTHES; WITH SOME COMPARISONS AS TO COST OF LAUNDRY WORK IN EIGHT GENERAL HOSPITALS

By GEORGE H. M. ROWE, M.D.

Superintendent and Resident Physician, the Boston City Hospital

Dr. Abbott's articles in The American Journal of Nursing must be very helpful to those interested in hospital management. It may be interesting to superintendents and matrons to supplement Dr. Abbott's work by further suggestions, particularly as to every-day modern laundry methods.

The Boston City Hospital recently constructed a new laundry, having outgrown its old one. Nearly all of its machinery was the old patterns, inefficient and unprofitable. The new laundry was completed a year ago and new machinery installed at a cost of about twenty thousand dollars, including all machinery, drying-rooms, hot- and cold-water supply, drains, and other furnishings. The laundry does the work for a hospital of five hundred and twenty-eight patients and a family of three hundred and fifty-eight officers and employees, making a total of eight hundred and eighty-six persons. The ward linen is often laundered three, four, and even five times a week, and the pieces rarely number less than seventy-five thousand per week.

The location of the laundry, relative to the hospital buildings, is good, it being the most remote building from the wards. Unfortunately, it is built on a restricted site, forcing us to have four stories, but ready access is given by broad and easily ascending stairs and a capacious elevator for both freight and employees. The building is ninety feet long by thirty-eight feet wide, with a two-storied ell forty-two feet wide by sixty feet long. The lower floor is used as a hospital wash-room, with an extra large steam mangle for flat work. The second story sup-

plements the lower floor in ward linen, and contains receiving-, distributing-, drying-, and airing-rooms, the larger portion being given to mangle and machine work. The third floor is used for family laundry work, contains a receiving-, distributing-, drying-, and wash-rooms, and also a room for laundry machines for ironing. The fourth floor has chambers for women employed in the laundry.

The hospital wash-room on the lower floor is constructed of glazed brick walls, granolithic floor, and contains the following machinery:

One Empire sterilizing boiler-iron washer, two-hundred-and-fifty-shirt capacity.

Two two-hundred-shirt capacity metallic rotary washers.

Two one-hundred-and-fifty-shirt capacity wooden washers: Total capacity nine hundred and fifty shirts.

Three extractors.

One shaker-out.

One Hagen six-roll mangle, capable of doing fifteen thousand pieces of flat work per day of ten hours.

Five porcelain wash-tubs.

The second floor is called the hospital ironing-room, the walls being smooth brick, painted with white enamel paint, and the floor is of hard pine. This room is equipped with the following machinery:

One Crawford Jumbo mangle.

Four body-ironers.

Two yoke-ironers.

The third floor, or the family laundry, has a wash-room eighteen feet wide by twenty-four feet long, the construction being the same as the lower floor, with enamelled brick walls and granolithic floor, and is water-proof to protect the floors below. The machinery upon this floor, which includes both the family wash-room and ironing-room, is as follows:

One wooden rotary washer of two-hundred-shirt capacity.

One wooden rotary washer of one-hundred-and-fifty-shirt capacity.

One extractor.

Four porcelain set tubs.

One starch-cooker.

One starching-machine.

One shaker-out.

One Hagen six-roll mangle.

Four body-ironers.

Two yoke-ironers.

One cuff- and collar-machine.

One Asher collar-shaper.

One collar-seam dampener.
One hydraulic dampening press.
Two Tyler shirt-machines.

The Empire sterilizing boiler-iron washer was first made at my suggestion, and is an iron rotary machine-washer and sterilizer. As everyone familiar with hospital work well knows, one of the great annoyances in sterilizing clothing is that it is first sterilized to free from infection and then washed afterwards. Sterilizing by steam under pressure acts as a mordant, and sets the stains, so that they can neither be properly washed nor made white except by subjecting them to strong bleaching, which is apt to impair the fabrics. The scheme of the combined sterilizer and washer is that infected clothes may be put in this washer and first washed in boiling water, according to the methods as described in this paper later on, and after washing the door is clamped down, and steam under fifteen pounds pressure, giving a temperature of 250° F., thoroughly sterilizes the clothing, which then may be treated as ordinary laundry goods in the same washer without removing. In my judgment, washing clothing in a machine that has been subjected to boiling is a safe method for ordinary disinfection, but the combined sterilizer and rotary washer should be used for the infected clothing of a more dangerous nature. The two metallic rotary washers and the two wooden washers of the ordinary type need no further description. The clothes are wrung by three extractors such as are now in general use. When the clothes, however, are taken out of these extractors they are thoroughly bedded together, like hard-packed figs in a box. The "shaker-out" is the shell of a rotary washer, and the clothes, taken from the extractor and put in the "shaker-out," speedily unfold under the reversing motion and are practically ready for the mangle. A large-sized "shaker-out" does as much work as five laundry employees can do by hand.

The Hagen six-roll mangle is a machine of large capacity, capable of ironing at least fifteen thousand pieces of flat work per day of ten hours' work. There are a few other machines in the market probably as efficient as this six-roll mangle, but this mangle was decided upon on account of its efficiency, simplicity of construction, and because it brings the clothes out perfectly dry. This mangle requires seven women to feed, receive, and fold the clothes properly.

On the second story, or hospital ironing-floor, the Crawford Jumbo mangle, which is one of the old machines repaired from former use, is used, principally for the smoothing out of ward shirts, bed-gowns, and stockings, and does the most crude mangling in the building.

On the third floor, the rotary washers and extractors in the family

wash-room are similar to those on the lower floor. They have a capacity of three hundred and fifty shirts, which, combined with the washers on the lower floor, makes a total capacity in the whole laundry of thirteen hundred shirts. On this floor is a duplicate of the six-roll mangle on the lower floor. This was purchased in order to have high-grade machines of very large capacity always available, so that if one broke down or was out of service from any cause, there would be a second for immediate use. The body- and yoke-ironers, of which there are twelve on the two floors, certainly are the most valuable and useful modern machines for laundry work. One body-ironer, by actual test, will do as much work as five women can do by hand. This machine is serviceable for a large variety of work. Men's shirts of all kinds, including officers' and employees', duck coats, trousers, and operating-gowns, women's dresses, aprons, skirts, and underwear, are ironed on these machines without using the hand-iron. They not only do the work more expeditiously, but, for general purposes, quite as well as hand work. For institution work these machines, of which there are several varieties, are invaluable. The cuff- and collar-machine, collar-shaper, seam-dampener, and Tyler shirt-machines are too well known to need further description, and are important in labor-saving as well as improving the quality of the work.

Nothing is more annoying to a hospital superintendent or matron than to see clothes, not only of officers and employees, but ward linen, poorly done, sometimes brown in color, as if not properly rinsed, smelling disagreeably, and full of creases—in short, bad laundry work. No nurse can make her ward presentable with faulty ward linen of this sort. Many institution laundries are run without judgment or correct knowledge of the proper methods of washing and ironing, particularly the washing. Oftentimes the clothes are tumbled into the washer, soft soap is poured in "by guess," and the machine is allowed to run without care or system, which inevitably results in bringing out clothes imperfectly washed.

To make some practical, every-day suggestions the following is submitted:

Rules and Formulæ for Washing in Rotary-Machine Washer.—To wash one hundred and fifty shirts, fill the rotary washer with cold water so it will show in bottom of glass gauge; rinse five minutes. For badly soiled clothes, rinse twice with cold water. Then use warm soapsuds. For ordinary soiled clothes, one gallon of solution of soap, but for very dirty clothes two gallons, and run ten minutes extra. This is "first suds." Use less water in washing than in rinsing. Put in the solution of soap and the "bleach" in the second suds; bring this to a boil. Run fifteen minutes; then empty, and give three rinses, five minutes each, of

the hot and cold water running together. Then use oxalic-acid solution with hot water for "sour." Bring water to a boil, five minutes; run off; then let in cold water for bluing, five minutes. The clothing is now finished and ready to take out. Total time for one load, one hour and ten or fifteen minutes. In washing family clothes there is usually a hot-water rinse between the "sour" and the "blue." In case the clothes get too blue, run bluing water off and run in hot water, one minute.

For the Solution of Oxalic Acid ("Sour").—Put two ounces of commercial oxalic acid, ninety-eight per cent., into one gallon of boiling water, thoroughly dissolve, pour into a one-hundred-and-fifty-shirt machine, holding sixty to seventy gallons of water. This "sour" is to take out all kinds of stains and to clear the clothes; it also assists much in holding the aniline bluing.

For the Solution of Lime and Soda ("Bleach").—Dissolve thirty pounds of ninety-eight per cent. commercial chloride of lime and twenty pounds of ninety-eight per cent. caustic soda in sixty gallons of water. Put the dry chloride of lime, thirty pounds, in the stone-ware tank of sixty-gallon capacity first, then run the tank half filled with cold water—not warm. This should stand over night and the scum be removed in the morning. Then take the caustic soda, twenty pounds, in a pail, pour boiling water on it, dissolve, and pour into the lime solution. Then fill the tank with hot or boiling water, stir thoroughly; then let it stand until the next morning and skim it again. It is then ready for use. Put half a pint of this solution of lime and soda in a one-hundred-and-fifty-shirt washer, sixty to seventy gallons of water.

Bluing should be made of one ounce of aniline blue to a gallon of warm water. Aniline bluing for laundry work is made in large varieties of shades and value. Care must be taken in its selection. One ounce of this solution is used in the one-hundred-and-fifty-shirt washer, diluting it in a pail of water, distributing it gradually through the water while the washer is in motion.

Laundry Solution of Soap.—To one hundred gallons of water add fifty pounds of soap-chips and five pounds of caustic soda. When a one-hundred-gallon galvanized iron tank is half filled with water, pour in fifty pounds of soap-chips and boil by means of a steam coil. After the fifty pounds of soap-chips are thoroughly dissolved and the five pounds of ninety-eight per cent. caustic soda dissolved in a pail of water, put them in the tank and fill it up. If soap or soap-chips require more than fifty pounds to five pounds of soda and one hundred gallons of water to make a good solution of soap they are below the proper standard.

Soaps for Washing Hospital Blankets and Woollen Clothes of all Kinds.—To olive-oil soap-chips, ten pounds to ten gallons of water, add five pounds of commercial borax powder. Dissolve the olive-oil soap-chips in a tank half filled with water. This may be made in an ordinary porcelain or soapstone-set tub with a steam coil. When the tub is half filled with water dissolve the soap, and when ready dissolve also the borax powder in a pail of water, and mix with the olive-oil soap-chips and boil. Take ten ward single blankets, or their equivalent in body clothing, put in the rotary washer, add two quarts of olive-oil soap solution, and wash from five to eight minutes. For a second washing use only one quart.

One of the "secrets" of washing woollen blankets and clothing so they will not shrink is in being careful about the temperature of the water. Get the water as nearly as possible to 105° F. If the blankets need a second washing, take a second tub, taking the clothes out of the first tub and putting them in the second. If this is done, it will bring the clothes through the wash without shrinking. Clothes and blankets of wool will not shrink if kept in water of strictly the same temperature. Shrinking results from subjecting wool to hot and then cooler water, or *vice versa.*

Laundry Starch.—Use solution of corn-starch for dresses, skirts, coats, trousers, etc., and wheat-starch mixture for shirt-bosoms, collars, and cuffs. To one pound of corn-starch add one gallon of water; boil twenty minutes. To a one-hundred-shirt washer, three pails of solution starch need two pails of hot water.

Wheat-Starch Mixture.—For three-quarters of a pound of wheat-starch and a quarter of a pound of corn-starch allow a gallon of water. Boil twenty to twenty-five minutes. Strain and put into a machine starcher containing clothes.

The soaps and all laundry chemicals are made by exact scale liquid measurement every time, and are never guesswork. Employees of sufficient intelligence and faithfulness must be found, regardless of wages. Otherwise any method will be useless.

I am much indebted to our head laundress, Mrs. Harvey, for working out the formulæ and methods advocated in this paper. The foregoing regulations and formulæ are used at this hospital and have produced uniform good results. Much time was given on opening our new laundry in working out the best ways and means to produce these results. When once established a faithful and trusty head laundress will keep to the standard. Generally a woman is in charge of institution laundries. She should not be employed because she "goes to our church" or "has seen better days," but because she thoroughly knows her business.

COMPARISONS OF LAUNDRY STATISTICS OF EIGHT GENERAL HOSPITALS.

To designate the Hospital.....	A.	B.	C.	D.	E.	F.	G.	H.	I.
Persons employed, etc.	No. Wages per month.	No. Wages per month.	No. Wages per month.	No. Wages per month.	No. Wages per month.	No. Wages per month.	No. Wages per month.	No. Wages per month.	No. Wages per month.
Head laundress.....	1 at $30	1 at $30	1 at $35	1 at $20	1 at $16		1 at $30	1 at $25	1 at $40
Laundry men.....	1 at $35	1 at $30			1 at $30	*1 at $65	1 at $45	1 at $50	2 at $30
Laundry men.....		1 at $25				*1 at $30		1 at $25	1 at $20
Laundry men.....						1 at $25			
Laundry women.....	1 at $16	1 at $16	1 at $25	1 at $13		*1 at $26	1 at $18	2 at $15	1 at $17
Laundry women.....	3 at $15	3 at $15	2 at $20	5 at $12	2 at $14	2 at $18	2 at $16	11 at $14	5 at $15
Laundry women.....	4 at $13	3 at $14	3 at $16		2 at $13	†4 at $16	1 at $15		10 at $14
Laundry women.....		10 at $13	2 at $15		3 at $12	3 at $13	10 at $14		5 at $13
Laundry women.....		7 at $12	3 at $14						
Laundry women.....		1 at $10							
Total men per month.....	1 at $35	2 at $55			1 at $30	3 at $120	1 at $45	2 at $75	3 at $80
Total women per month.....	9 at $143	26 at $357	12 at $220	7 at $93	8 at $106	10 at $165	15 at $235	14 at $209	22 at $337
Total workers per month.....	10 at $178	28 at $412	12 at $220	7 at $93	9 at $136	13 at $285	16 at $280	16 at $284	25 at $417
Average number patients	281	266	125	89	103	188	189	197	403
Average number officers and employees.....	113	245	129	70	107	160	183	198	358
Total persons.....	394	511	254	159	210	348	372	395	761
Total wages for all laundry employees for one year.....	$2,136	$4,944	$2,640	$1,116	$1,632	$3,420	$3,360	$3,408	$5,004
Yearly cost of living at (say) $3.50 per week	$1,820	$5,096	$2,184	$1,274	$1,638	$1,638	$2,912	$2,912	$4,550
Total cost wages and board per year	$3,956	$10,040	$4,824	$2,390	$3,270	$5,058	$6,272	$6,320	$9,554
Number pieces washed—week...	13,403	25,431	12,315	6,355	9,874	15,000	25,000	20,529	75,869
Number pieces washed—year....	696,956	1,322,412	640,380	330,460	513,448	780,000	1,300,000	1,067,508	3,945,188
Cost per one hundred pieces.....	56.7c.	75.9c.	75.3c.	72.3c.	63.6c.	64.8c.	48.2c.	59.2c.	24.2c.

* Lives at home. † Live at home.

After our new laundry had been running a year, equipped as described above, I determined to know if this hospital had made a good investment in spending so much money for laundry machinery. I obtained the statistics submitted in the table on page 662 from eight large and well-known general hospitals in cities. It would have been obviously unfair to include in this list insane hospitals, where much of the labor is not paid. The Boston City Hospital is designated by the letter I; the names of the other hospitals are designated by letters only for obvious reasons.

The foregoing table requires more than a casual study to fully appreciate the value of the facts in connection with laundry work. At first one is impressed at the wide difference of wages paid, as well as ratio of employees to pieces treated, which seem to be governed by local conditions and, probably, traditions. There is a wide difference in the cost of washing one hundred pieces, varying from 24.2 cents to 75.9 cents. From a personal knowledge of all the hospitals given in the foregoing schedule, the writer feels sure that it is not always the hospital that expends the most money per hundred pieces that is necessarily badly managed.

For instance, comparing the work done by Hospitals B and I: Hospital B launders work for 511 persons, Hospital I, 761 persons; Hospital B expends $4,944, against $5,004 for Hospital I. Wages paid by Hospital B for doing laundry work for 511 persons is $10,040, including both wages and living; Hospital I spends $9,554 for doing laundry work for 761 persons. Hospital B washes 25,431 pieces at an average cost of 75.9 cents per hundred; Hospital I washes 75,869 at a cost of 24.2 cents; or, otherwise stated, Hospital I washes three times as many clothes as Hospital B for one-third the cost and for a much larger number of persons. This fact is easily explained. Hospital B has not modern machinery and very much of its laundry work is done by hand. Hospital I has machinery equipment of the latest type and does its work as well if not better than Hospital B. Other comparisons can be easily made from the statistical table offered here.

This comparative study aims to show three things: first, the up-to-date equipment of a large hospital laundry; second, methods of laundry work to bring good results; and, third, to demonstrate that, like machine-shops, factories, or other industrials, it is necessary to equip laundries with the latest and most improved machinery in order to produce the finest results with greatly reduced cost.

THE BROOKLINE AMBULANCE

A NEW ambulance for the town of Brookline, Massachusetts, constructed according to plans prepared by the agent and the bacteriologist of the board (see engraving) has given great satisfaction. It is made as far as possible to resemble outwardly a common depot carriage to avoid unpleasant conspicuousness, but at the same time possesses every essential of the best form of ambulance. It has a rear door as well as side doors, and every modern appliance for moving safely and comfortably the sickest patient, whether child or adult, and, furthermore, is easy to disinfect. The ambulance is kept at the hospital, and when going for a patient one of the nurses usually accompanies the driver.



NEW AMBULANCE OF THE BROOKLINE, MASSACHUSETTS, HOSPITAL

HOSPITAL AND TRAINING-SCHOOL ITEMS

IN CHARGE OF

LINDA RICHARDS

Miss Sophia F. Palmer, who for the past five years has been the able superintendent of the Rochester City Hospital, has resigned her position to take effect June 1. Miss Palmer on leaving the hospital must look back upon her five years' work with much satisfaction.

When she went to the hospital it was in debt and it did not possess the entire confidence of the public. The Training-School was in a disorganized condition, and the nurses' accommodations were anything but desirable. In the past five years, by Miss Palmer's management, the hospital has been freed from debt and has a bank account; the Training-School has been reorganized and to-day is in as good standing as any school in America; one of the most artistic homes to be found in the country has been built and furnished for the nurses. These important changes, besides innumerable smaller improvements, have been made, and Miss Palmer leaves regretted by all, and with the request from the directors that she fill her own vacancy.

Facing these facts no comments from her colleagues are necessary to prove the quality of her work. Still, it is gratifying to know that one woman has in a very quiet way accomplished so much in so short a time, and that her work is appreciated.

On May 1 Miss Palmer completed a quarter of a century of nursing service, one-half of which time has been spent in executive hospital positions. As the editor-in-chief of The American Journal of Nursing she will now devote her entire time to the development of the magazine, making Rochester her home, but being free to spend some time each year in other cities.

Miss Palmer's successor is Miss Mary L. Keith, a graduate of the Massachusetts General Hospital School, who has made a splendid record in nursing work. For the past five years she has had charge of the nursing department of the Boston Lying-in Hospital in Boston, Massachusetts, one of the most exacting positions in the country, and her services have been entirely satisfactory to the management. The change for Miss Keith is in the line of advancement, the hospital in Rochester being much larger than the Lying-in Hospital.

THE Pennsylvania Hospital held on May 11 its one-hundred-and-fiftieth anniversary, and many prominent people assembled to celebrate the occasion. The guests gathered in the new central building, first opened on this day, where the commemorative exercises began at one o'clock.

The ceremonies were opened by the reading from Scripture of the parable of the Good Samaritan, from which the hospital draws its highest inspiration and from which it has inscribed its seal.

An address of welcome was then delivered by Mr. Benjamin H. Shoemaker, president of the Board of Managers, which was followed by the commemoration address by Mr. John B. Garrett. The services were closed by a benediction, offered by Mr. Charles Morton, who has long conducted the religious exercises of the hospital. The guests then dispersed to the inspection of the hospital buildings and grounds.

The new building in which the exercises were held was beautifully decorated with flowers and greens, and the walls were hung with old portraits of famous physicians and prominent citizens who had figured conspicuously in the establishment and maintenance of the hospital.

Old pictures of the hospital, when it stood among open fields, with cattle grazing outside its gates, and many letters and documents relating to its early history were exhibited. Among the most interesting were the original grant of land from the Penns for the present site and the old hospital seal, while a clock made by David Rittenhouse, another old dial which has long hung in the hospital, and a chair which had belonged to William Penn stood in the room. Outside on the lawn was the quaint, old-fashioned hand fire-engine which was used in the early times.

Holding the most prominent position in the hall of entrance is the great picture of "Christ Healing the Sick in the Temple," painted for the hospital by Benjamin West in 1817. The picture was first exhibited in the Royal Academy, London, and the money raised by its exhibition was donated to the hospital. The picture was then shipped to Philadelphia and presented to the hospital, where a special building was erected to hold it, and where it has remained ever since. Below it, in a small frame, hangs the letter written by Henry Clay authorizing the remission of duties on the importation of the picture.

The Pennsylvania Hospital is the oldest in this country, dating back to the coming of the earliest settlers, who, leaving their own homes to undergo unknown hardships for the sake of freedom of thought, were thoroughly imbued with the first principles of religion and humanity. The first step taken towards the care of the sick was with the idea of preventing the spread of disease. Thus, in order to protect the small

community from the contagious diseases brought in by immigrants, a small pest-house was erected just outside the town. Accordingly, in what is now Philadelphia, there was established in 1676 this small nucleus from which has grown the world-wide charitable care of the sick. The benefit of such an institution, however small, was soon felt, and it became apparent that the sick poor within the community must also be cared for.

In 1751 Dr. Thomas Bond, a physician of large practice, who had himself done much charitable work among the sick, insane, and injured poor, realizing the advantages of gathering the suffering inhabitants of the community under one roof and caring for them together, determined to do what he could towards accomplishing it. He suggested his ideas to Benjamin Franklin, who became an enthusiastic worker for the establishment of a hospital.

Franklin, in his "Some Account of the Pennsylvania Hospital," published in 1754, tells how difficult it was for distressed and distempered poor, coming to the city for the advice of a physician, to procure suitable lodgings, and how expensive to provide themselves with good and careful nurses. In consequence there was much unnecessary suffering, and many perished who might otherwise have been restored to health. Franklin by his wide personal influence was successful in soliciting large subscriptions towards this object, but the interest of the community soon began to flag. It became evident that some action of the Assembly was necessary, and a petition was made for it. On May 11, 1751, the first act incorporating the contributors to the Pennsylvania Hospital was signed by Governor Hamilton. Much opposition was met with, and much difficulty in securing charters from England for the establishment of a hospital.

Because of the lack of subscription funds sufficient to erect a new building for the purpose, and the difficulty in selecting the land, a private house was fitted up and opened on Market Street on February 10, 1752, for the reception of patients. On May 28 of the same year the corner-stone of the hospital was laid on a lot of ground purchased by the managers, on Pine Street between Eighth and Ninth. November 26, 1766, dates the first clinical lecture by Dr. Thomas Bond, and this was the beginning of systematic medical teaching on this continent.

During the Revolutionary War the hospital was taken possession of by the British, with resulting loss of instruments, medicines, and furniture. It is with some pride that we read how, some years later, after the War of 1812, the wounded British soldiers were cared for under the same roof.

The hospital continued to grow and to spread its influence farther.

In 1836 was laid the corner-stone of the Department for the Insane, in West Philadelphia; in 1875 the Training-School for Nurses was organized; and within the last ten years have been added the Surgical Wards, Out-Patient Department, Receiving Ward, and the New Clinic, and, finally, the new Central Hall, opened May 11.

Thus, keeping pace with the growth and development of the nation, the old Pennsylvania Hospital, from its very humble origin, has become one of the most influential and most thoroughly equipped hospitals in the world.

WHAT can be done when will and earnestness are behind a proposition has been shown by the management of the new civil hospital at 350 Gral. Solano, Manila, Philippine Islands, which is now ready to receive patients. It is less than two months ago that Mrs. Whitelaw Reid, of New York, expressed a willingness to donate five thousand dollars to the founding of such an institution, which was so badly needed here. To-day it is ready to receive patients and to surround them with accommodations in every sense the equal of those of any hospital in any section of the world. Its appointments are perfect in every respect and absolutely up-to-date. What is true of the building is true also of the medical and surgical staff and the splendid corps of graduated trained nurses.

The hospital occupies the former residence of Dr. Stafford, on the Gral. Solano. The buildings have been in part reconstructed, repainted, and completely rehabilitated. The matters of cleanliness, ventilation, and perfect antiseptic conditions have received the most thorough attention, as a visit to the establishment will prove. Cleanliness is not only next to godliness, but is the hope and often the salvation of the sick and injured, a fact the talented and experienced ladies in charge of the hospital never lost sight of in preparing and furnishing it.

The present accommodations are limited to fifteen beds. There is one ward with three beds, six rooms with two beds each, and two private rooms intended for only one patient each. Should emergency demand, increased accommodations could readily be obtained by the extension of the wings or the construction of new buildings adjacent.

The furnishing of the rooms is practically all alike, the beds being of white enamelled iron frames, and all the accessories are of the latest approved pattern and strictly up-to-date. The ceilings, walls, and furnishings, such as curtains, carpets, and so on, have been reduced to the minimum. This does not, however, by any means imply that the rooms are cheerless and repellant. The very contrary is the fact; they are clean, bright, warm, and inviting, with their comfortable beds and white, inviting linen, and many "a poor beggar" not in need of medical or

surgical aid would be only too glad to pay almost the weekly demand for all services simply to be so pleasantly lodged. What a boon, then, will it not prove to those really in need of the heaven-given services here to be so generously and tenderly dispensed.

The operating-room is modern in every respect, as might be supposed when it is stated that it was equipped through the generosity of Colonel Greenleaf, Surgeon-General to our army in the Philippines. Tables, sterilizers, instruments, means of flushing, and every other device known to the best and most skilful practice of modern days are there.

The dining-room and the kitchen, which, with the reception-room, dispensaries, offices, and attaché's quarters, are located on the first floor, are in perfect keeping with the thoroughness of the rest of the establishment. In the latter there is one large army stove and three blue-flame gasoline stoves. Everywhere the same precaution against contamination by germs has been exercised.

The stabling and all out-buildings have been removed far away from the hospital proper, and the sewerage is perfect.

The buildings are located in beautiful and extensive grounds, which run clear through to the Pasig. The site could not well be improved upon, and constitutes not the least attractive feature of the institution.

Miss Macdonald is the accomplished superintendent, and brings to her post education, skill, and wide experience. She will carry out the wishes of the generous and public-spirited founder.

OWING to the excellent discipline among the attendants and patients, all of the latter being children, not a life was lost and no one was injured by the burning of the South Hospital on Randall's Island, New York Harbor, recently. Ninety-four boys, ranging in age from seven to fourteen years, were in the various wards of the hospital when the fire started. All the boys were suffering from affections of the eyes, but none of them was blind. The hospital was in charge of Miss Annie Mitchell, supervising nurse, who slept on the second floor, and who had for her aides Miss Harrington, Miss Donohue, and Mrs. Morrison, each of whom slept on one of the other floors and had an assistant.

The building was a three-story brick structure, with an attic between the top floor and the roof. The fire started in the attic and destroyed the building.

Miss Mitchell displayed great coolness and presence of mind. Going to the fire-gong, she rang three strokes, which is the signal for a fire-drill. Instantly her assistants were at their posts, and in a few minutes every patient was out of bed and in line ready to march out of the building. The children were told to put on hats, shoes, and other

clothing. So quickly had the fire-drill been executed that the children did not know there was a fire until they were safely out of the building and saw the flames above their heads. The boys were marched to a building about two hundred yards away and put to bed.

At the annual meeting of the Victorian Order of Nurses, in Canada, held recently at Government House, Ottawa, a plan for the erection of cottage hospitals in the Northwest Territories was submitted by the Countess of Minto and unanimously adopted. A special fund, to be known as the Lady Minto Cottage Hospital Fund, will be created for the purpose of carrying out Her Excellency's ideas, and the hospitals will be known as "Victorian Cottage Hospitals," a tablet being placed in each one to show that it was erected to commemorate the life of the Queen. It is hoped by the organization that the Dominion Government may see its way to help in this work, and it is proposed to ask for grants from the Provincial Governments. Help is also expected from municipalities and individuals, and already an anonymous donation of two thousand dollars has been received.

The proposed hospitals will accommodate six patients each, and will require the services of only one nurse, one assistant, and one servant. The help of untrained women may also be utilized, and in this way it is thought that each hospital may become a little nursing school for the district in which it is located.

One of the objects of the Victorian Order of Nurses, as defined by its charter, is "to assist in providing small cottage hospitals," and during a tour in the West last summer Lady Minto became convinced that the organization could work to the best advantage in the sparsely settled districts along these lines. She has been working ever since to attain this end, and it was this which gave rise to the story regarding an opposition movement to the Victorian Order of Nurses.

The managers of the House of Mercy Hospital at Pittsfield, Massachusetts, are to build a new hospital across the street from the present location. The building will have fifty-two rooms for patients, seven of which will be in the third story and are to be kept for obstetrical patients. Connected with these rooms are diet-kitchen, bath-room, linen-room, and such other rooms as will be necessary for work in this department.

When this building is completed the buildings now occupied—with the exception of the Henry W. Bishop, 3d, Building—will be moved across the street and annexed by corridors to the new hospital. The Bishop Building will then be renovated and will be occupied by the nurses, the fine, large Memorial Hall being used as the study and lecture-room as at present.

The third floor of the old building, which is to be moved, will be used as sleeping-rooms for night nurses and nurses who will be on call for emergency work at night, these nurses keeping their own rooms in the Bishop Building.

The House of Mercy was the first Cottage Hospital in the United States. It has made steady growth from the first. When the buildings are completed the capacity of the hospital will be one hundred beds.

One of the last transactions attended to by J. Pierpont Morgan before he sailed for Europe on the steamer Teutonic was the purchase of the entire plant of the Liberty Electric Light and Power Company and its presentation to the Loomis Sanitarium for Consumptives in Liberty, New York. The cost of the plant is said to have been about forty thousand dollars.

Dr. J. Edward Stubbert, the physician in charge of the sanitarium and professor of pulmonary diseases at the New York Post-Graduate Medical School, was immediately elected president of the new company, and took charge of the plant yesterday.

Though incorporated for the purpose of supplying the town of Liberty with light and power, the sanitarium has consumed about one-half of its product. Under the new arrangement, not only will the sanitarium receive free the six hundred lights now in use, but wires will at once be extended to its new annex. By furnishing lights to the village a steady income will be derived by the institution.

This is not the first gift that Mr. Morgan has made to the Loomis Sanitarium, of which he was one of the incorporators, and of which he is still a trustee.

On March 24 a few graduates of the House of Mercy, Pittsfield, Massachusetts, met and talked of the great need of charity work among the sick in that city. The result of the meeting was an invitation to the graduates of the school to meet at an appointed place. Twenty responded to the call, and at the meeting each nurse pledged herself to give two weeks of personal service to nursing the sick poor. Ten others have since that time added their names to the list, and doubtless others will join the ranks. If a nurse is busy at the time assigned her for service, she is to provide a substitute. Miss Clement, superintendent of the House of Mercy Hospital, will always know what nurse is on duty, and will help in every way to make the work reach as many as possible of those who are ill and without means to pay for the services of a trained nurse. This work was commenced on March 25. A nurse went to a patient and remained ten days. In the future the work will

probably be done as by the ordinary district nurse, she visiting several patients in one day.

THE new emergency hospital which it is proposed to establish at Coney Island, New York, will soon be a thing of reality. While the site has not been definitely settled upon, it is known that it will be in the immediate vicinity of the block of land owned by the city at the foot of the Ocean Parkway. It was said that the building which is now being considered as adaptable for hospital purposes is on Sea Breeze Avenue, within one block of the ocean and facing the land which has been talked over for park purposes. The building will be fitted with everything comfortable, and an ambulance will be always ready for calls. It has been practically settled that the transfers of the patients who receive the first aid in the new institution will be made in trolley-cars. It is said that cars will be fitted up with cots for the injured ones, and they will be carried off to the Kings County institution in the cars.

THERE is now every prospect that the work of erecting the long-worked-for Batavia Hospital, Batavia, New York, which will owe its existence wholly to the untiring efforts of the women of Batavia, will be commenced within a month. Practically all of the ten thousand dollars which the women have been steadily raising is now in, and the sum will be nearer twelve thousand dollars than the first-mentioned figure, as several big subscriptions were promised on the condition that a full ten thousand dollars should be raised. The site for the hospital on North Street has already been purchased. The plans call for a building sixty-one feet wide and fifty-three feet deep, which will be two stories in height and whose area will be two thousand seven hundred and eighty-seven square feet.

THE senior nurses of the University of Michigan Training-School, Ann Arbor, Michigan, having finished their class work, have organized themselves into a self-governing study club. Strict parliamentary procedure is practised. Topics of interest are discussed and occasionally some of the ladies of the city who have had trained nurses in their homes are invited to speak to them.

Some of the subjects which have been drafted for discussion are: "How to Read Aloud," "Etiquette Aside from its Ceremonial Observance," "How to Observe," "The Hygiene of the Sick-Room," "Modes of Preservation of Food," "The So-Called 'Personal Equation.'" The nurses are very enthusiastic, and it is hoped that much beneficial work may be accomplished before the first of September.

As a result of a lecture given by Dr. Letulle, a physician at the Boucicaut Hospital, Paris, France, in which he expounded the social dangers of an increase of tuberculosis among the working-classes, a committee has been formed for the construction of a sanatorium in the neighborhood of Paris, where poor people affected by the disease will receive treatment free. It is a well-known fact that ten thousand adults die yearly from tuberculosis in Paris for want of proper care. When erected this sanatorium will be maintained by charitable contributions.

PROVISIONS for a new hospital for Boston are made in the will of the late George L. Thorndike, of East Boston, Massachusetts. He directs that after the death of the last legatee under the will, and when the estate exceeds two hundred thousand dollars, it be used to build a hospital. He also gives the city ten thousand dollars in trust, the income of which is to be used to purchase coal for distribution among the widowed women of East Boston.

BY the heroic conduct of the nurses and some who rushed to their aid, a fire which broke out in the roof of St. Peter's Hospital, Helena, Montana, about five o'clock, March 16, was prevented from causing injury to any of its helpless inmates, but it caused damage to the building and furniture amounting to about twenty thousand dollars, and for a time taxed the ability of the fire department to cope with it.

ALL city patients are now occupying quarters in the new City Hospital, Minneapolis, which is as complete as any hospital in the country. Everything is modern, and there is no comparison with the old quarters, which were unsanitary and unsuitable in every respect.

The building recently vacated is now being occupied by the nurses, and Dr. Clark, house physician, also has his office in this building.

FORMER Mayor Z. G. Simmons, who during the past year presented the city of Kenosha, Wisconsin, with a magnificent library building, and a monument to the memory of her soldier dead, has announced that he has decided to make another gift in the way of an Emergency Hospital. For some time he has had architects working on plans for the hospital, and it is his purpose to have it completed before next fall.

THE addition to the Providence Hospital, Washington, D. C., will be a duplicate of the present structure. It will extend from the east of the present building to Third Street southeast, a distance of one hun-

dred and seventy feet. The central feature will be a tower which will rise above the roof-line. At the top of the tower will be a cross, which at night will be lighted by electricity.

JOEL GOLDENBERG, of the firm of Goldenberg Bros. & Co., New York City, in his will has left several hundred thousand dollars to Mount Sinai Hospital for the erection and maintenance of a ward to be called the "Joel Goldenberg Ward." His nephew, Dr. Herman Goldenberg, is to decide what diseases are to be treated in this ward.

THE Visiting Nurse Association of Chicago decided at its last meeting to send a delegate to the Congress of Nurses at Buffalo in September.

MISS MARGARET RUDKIN, a graduate of Galveston Hospital, Texas, and recently of the Ithaca Hospital, has taken a position in the hospital at Hudson, New York.

MISS FRANCES MAY, for four years supervising nurse at the City Hospital, Charleston, South Carolina, has recently resigned, to accept a position on the staff of the Victorian Order of Nurses in Ottawa, Canada.

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF

MARY E. THORNTON

THE INTERNATIONAL COUNCIL OF NURSES

FRAULEIN HEDWIG VON SCHLICHTING, the matron and superintendent of nurses at the Eppendorf Hospital, near Hamburg, one of the finest in Germany, has consented to take a seat on the International Council of Nurses as honorary vice-president for Germany. Fraulein von Schlichting does not expect to attend the meetings in Buffalo, but she will be present at those in Berlin in 1904.

The secretary of the International Council has sent out notices announcing the first meeting in Buffalo in the afternoon of September 16.

The order of business will include reports from the various countries showing the present stage of advancement in organization, as it is the ideal of the International Council that it shall ultimately be composed of national organizations.

THE CONGRESS OF NURSES

THE following list shows the nurses who up to the present time have consented to accept honorary positions on the Congress programme, and several countries are still to be heard from:

Honorary president of the Congress, MRS. BEDFORD FENWICK, president of the International Council of Nurses.

Honorary vice-president, representing England, MISS ISLA STEWART, matron St. Bartholomew's Hospital and president Matrons' Council of Great Britain and Ireland.

Honorary vice-president, representing Ireland, MISS MARGARET HUXLEY, matron St. Patrick Dun's Hospital, Dublin.

Honorary vice-president, representing Scotland, MRS. STRONG, matron Royal Infirmary, Edinburgh.

Honorary vice-president, representing Wales, MISS E. A. M. WILSON, matron Cardiff Infirmary.

Honorary vice-president, representing Germany, FRAULEIN VICTORIA GERVINUS, matron and superintendent of nurses, Victoria House, Berlin.

Honorary vice-president, representing Australia, MISS S. B. MCGAHEY, matron Prince Alfred Hospital, Sydney.

Honorary vice-president, representing Italy, MISS GRACE BAXTER, superintendent of nurses Ospedale Clinico, Naples.

Associations of nurses from which promises of delegates have been received thus far are: The Australasian Trained Nurses' Association; the Midwives' Institute and Trained Nurses' Club, London; the Metropolitan Nurses' Club, New York; Roosevelt Hospital, New York; the Registered Nurses' Society, London; the New York Hospital Alumnæ; the Visiting Nurses' Association, Chicago; the Rhode Island Hospital Alumnæ; the Victorian Order of Nurses, Canada; the Lady Stanley Institute for Nurses, Ottawa; the Spanish-American Order of War Nurses; the Illinois Training-School Alumnæ and the St. Luke's Alumnæ, of Chicago; the Johns Hopkins Hospital Alumnæ; St. Bartholomew's League of Nurses, London; the Matrons' Council of Great Britain and Ireland; the New York Post-Graduate Hospital Alumnæ; the Orange Training-School Alumnæ; the Rochester City Hospital Alumnæ; the Alice Fisher Alumnæ, Philadelphia; the Monroe-County Association, New York State, while a number of other home associations are unofficially known to be certain of sending delegates, yet as their secretaries' acceptances are not yet in, they will not be published until officially announced.

The Congress Committee had a meeting in Buffalo on May 16 to transact business connected with the programme and local arrangements for the Nurses' Congress. Miss McIsaac, the president, was in the chair. Other members present were: Miss Damer, Mrs. Storck, Miss Simpson, Miss McKinnon, and Mrs. Morley, of the Buffalo Nurses' Association, and Miss Banfield, Miss Keating, Miss Walker, Mrs. Robb, Miss Palmer, Miss Snively, and Miss Dock.

Among the various arrangements and details the following are especially to be brought to the notice of nurses at home and abroad:

LOCAL COMMITTEES ON RECEPTION AND ENTERTAINMENT.

Addresses of chairmen's head-quarters in different towns:

In Boston.—Miss Riddle, Boston City Hospital, Boston, Massachusetts.

In New York.—Miss Irene Sutliffe, New York Hospital, Fifteenth Street, New York City.

In Philadelphia.—Miss Lucy Walker, Pennsylvania Hospital, Philadelphia, Pennsylvania.

In Baltimore.—Miss Nutting, Johns Hopkins Hospital, Baltimore, Maryland.

In Washington.—Miss Nevins, Garfield Hospital, Washington, D. C.

In Buffalo.—Miss Damer, 55 Mohawk Street, Buffalo, New York.

In Chicago.—Miss Fulmer, 1403 Unity Building, 79 Dearborn Street, Chicago, Illinois.

In San Francisco.—Miss Patton, City and County Hospital, San Francisco, California.

In Toronto.—Miss Snively, General Hospital, Toronto, Canada.

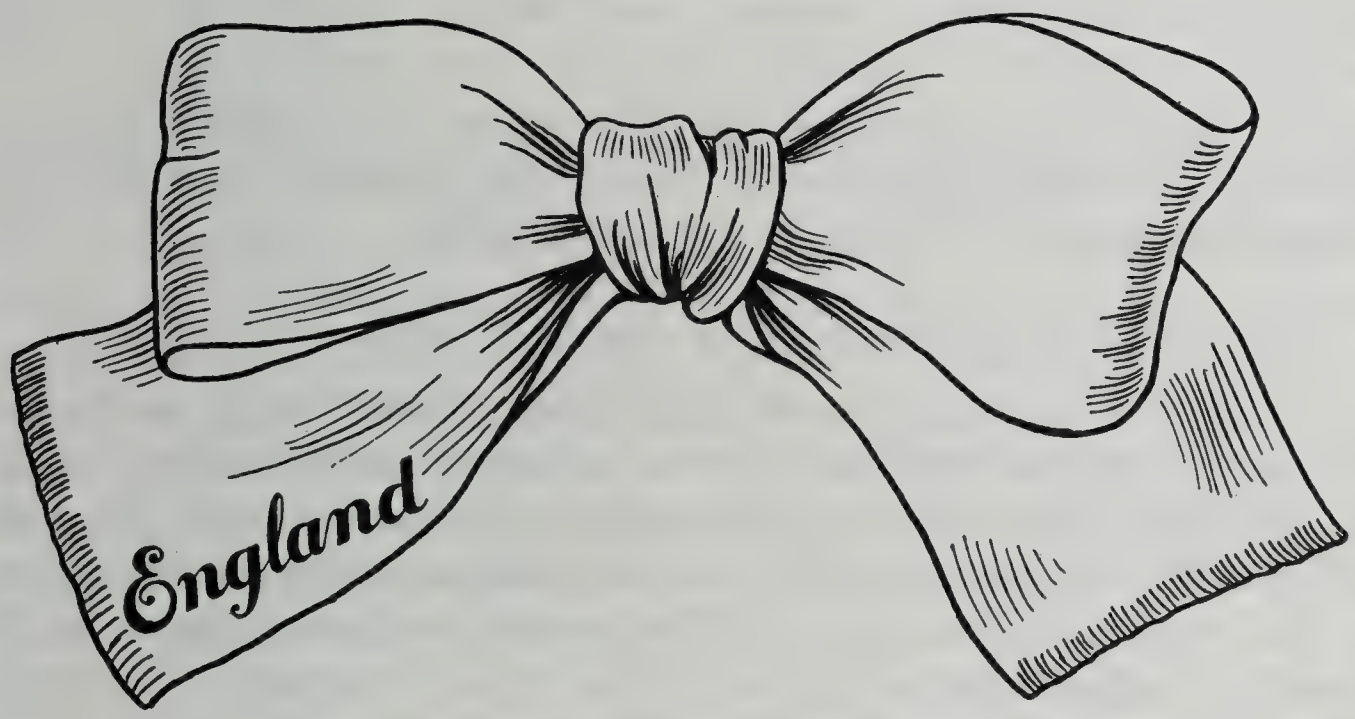
In Montreal.—The Royal Victoria Hospital, Montreal, Canada.

Foreign nurses desiring to be met and shown about in any of these cities are cordially invited to write to the head-quarters as given in the above list, stating the time when they expect to make their visit, with the time of arrival of train or boat landing.

RECOGNITION BADGE.

(FULL SIZE)

To be worn near the left shoulder.



Color: Bright scarlet. Country's name in silk stitches.

THE RECOGNITION BADGE.

Foreign nurses on arriving in the country, and when going from one town to another, are requested to wear a bow of bright scarlet ribbon, made simply in two loops and ends, with the name of their country stitched on one end, as per illustration. The ribbon should be about one and one-quarter inches wide, and the bow worn upon the left lapel of the coat or near the left shoulder-seam of the dress.

The Reception Committee members, when going to trains or boat-landings, will wear a similar bow. The official delegates will have this "recognition badge" sent to them, but all other visitors from abroad are asked to procure and wear it.

REFERENCE COLLECTION OF NURSING LITERATURE.

While it was not thought practicable to have anything in the way of an exhibit of nursing appliances, the committee agreed at this meeting to call for a full collection of books, magazines, and papers written and published by nurses; of reports, circulars, or journals published by nurses' societies of any and all kinds; and of constitutions, by-laws, and rules of order of nurses' organizations.

THE PRESS COMMITTEE.

The committee appointed to be especially responsible for this collection consists of Miss Dock, Miss Damer, and Miss Palmer. While this committee will expect to write many direct letters, yet it will facilitate their work if all associations, organizations, or individual nurses who read this notice will, as promptly as possible, send in to *Miss Damer,* 55 Mohawk Street, Buffalo, *two* copies (in case of one being lost or defaced) of their books, journals, constitutions, reports, etc., for this exhibit.

They will all be placed in one of the rooms at the Woman's Union, where the Congress meetings will be held, for inspection and reference, and orders may be left there for procuring copies.

THE CONGRESS NUMBER OF "THE AMERICAN JOURNAL OF NURSING."

Instead of scattering our delegates' biographies through the summer numbers, it was decided that the issue appearing on September 1 should be completely given up to the biographies and photographs of delegates, both foreign and home members, and that this issue should take the place of the usual pamphlets issued at Congresses (such as appeared at the London Congress entitled "Who's Who at the Congress of Women"). It will be on sale at twenty (20) cents a copy.

The same committee—Miss Dock, Miss Damer, and Miss Palmer—will be charged with securing this material, and they take this opportunity of asking that a short biographical sketch of every official delegate be sent, with a brief account of the association from which the delegate comes.

This material is to be addressed to Miss Dock, 265 Henry Street, New York City.

The committee took advantage of the opportunity to visit the Pan-American Exhibition, which is truly of marvellous beauty in its tropical luxuriance of color, and at night is a wonderful lace network of electric lights. It is well worth a visit to the country, even were there no other reason for crossing the sea or continent.

The programme as arranged so far will contain papers as follows: "Hospital Administration,—in Great Britain, in America;" "Women on Hospital Boards;" "Nurses' Coöperative Societies;" "The Work of Hospitals as Affecting other Institutions and the Community;" "Preparatory Education of Nurses,—What we are Doing with the Three Years' Course;" "Educational Future of our Schools;" "Post-Graduate Work in Hospitals;" "Organization and Legislation amongst Nurses;" "Indian Army Nursing Service;" "English Naval Service;" "Nursing in the South-African War;" "Nursing in the United States Army Service;" "Nursing Schools in Cuba;" "Historical Outline of the Origin, Growth, and Present Status of District Nursing in England, in America, and in Canada;" "Nurses' Settlements," and short papers on the opportunities and responsibilities of the nurse to-day. It is expected that the completed programme may be given next month.

LONG ISLAND COLLEGE HOSPITAL ALUMNÆ

At the annual meeting held at 197 Clinton Street on April 13 the following officers were elected for the year: President, Mrs. C. L. Twing; first vice-president, Miss M. C. Fraser; second vice-president, Miss H. E. Haines; recording secretary, Miss Hopefield, 157 Henry Street; corresponding secretary, Miss M. Tweeddale, 197 Clinton Street; treasurer, Miss H. E. Burdick, the L. I. C. Hospital; secretary and treasurer of the Sick Fund, Miss E. G. Brown, 654 East Twenty-third Street, Flatbush; Executive Committee—Misses I. L. Sutliffe, F. E. Weagant, A. Davids, E. Chappelle, and I. E. O'Daly. The next regular meeting will be held at the hospital on May 11, 1901.

THE POST-GRADUATE ALUMNÆ

At the stated meeting held at the club on Tuesday, May 7, the graduating class, numbering twenty-two, was elected to membership. Most of the members have, since the time of the organization of the alumnæ, looked towards the establishment of a Sick Fund. At the May meeting this fund was formed and a secretary and treasurer elected, said secretary and treasurer to confer with the president during the summer and report at the September meeting. The delegate and substitute to the International Congress were elected, and after hearing the report of the State organization meeting held at Albany the meeting was adjourned.

ALUMNÆ ASSOCIATIONS OF CHICAGO

A LETTER from Miss Tooker, superintendent of Michael Reese Hospital, says their article on "Recent Methods of Preparing Foods for Infants" is nearly ready for publication.

We commend to other alumnæ association reports Mrs. De Witt's plan in the I. T.-S. monthly *Report* reviewing the articles in THE AMERICAN JOURNAL OF NURSING. In the February number of this *Report* is also a clever paper on "Bacteriology," by Mrs. Polson, Class of '96.

Before another issue of the JOURNAL, St. Luke's, the Illinois, and Michael Reese Alumnæ will have taken the necessary steps towards securing State registration for nurses in Illinois.

Upon solicitation of the various alumnæ of the city the Women's Clubs of Chicago are taking up the matter of engaging public sentiment against the wearing of trained nurses' uniforms by servants and others who have not the right.

Chicago Alumnæ represent the smallest contingent of subscribers to THE AMERICAN JOURNAL OF NURSING. Is not this due to thoughtlessness?

LEBANON HOSPITAL ALUMNÆ

THE graduates of Lebanon Hospital, New York City, met on Wednesday, April 10, for the purpose of forming an alumnæ association. There were ten members present. It was decided to hold the meetings on the first Wednesday of each month at the hospital, One-Hundred-and-Fiftieth Street and Westchester Avenue. Miss D. Rayser was elected president and Miss N. A. Jaffier recording secretary and treasurer.

MASSACHUSETTS HOMŒOPATHIC ALUMNÆ

A PLEASANT reception was given on the evening of April 1 by the Alumnæ Association of the Massachusetts Homœopathic Hospital, Boston, to Miss Caroline Marston and Miss D. K. Edgerton, who represent the school as its two oldest members. Miss Marston has been a most valued worker on the nursing staff for twenty-eight years, nearly the whole time since the establishment of the hospital. Miss Edgerton has been a successful surgical nurse, having had charge of a large private ward department for about fifteen years. It seemed fitting that these members receive special recognition from the large number of younger nurses who feel that they owe much to their instruction. The parlors

of Vose Hall were well filled, many coming from a distance to show their interest and appreciation. An excellent musical programme was prepared under the supervision of Miss Alice A. Griswold, superintendent of nurses, and the whole proved a delightful occasion. Miss Marston and Miss Edgerton left on the following Thursday for a long visit in the West, bearing with them the kind thoughts and good wishes of all.

MISS MARGARET McDONALD WOUNDED IN SOUTH AFRICA

THE alumnæ of the New York City Training-School for Nurses have been reading the reports from the seat of war in South Africa with especial interest because one of their fellow-graduates has achieved distinction there, not only for her work as a nurse, but also for her bravery on the field of battle. She is Miss Margaret C. McDonald, of Pictou, Nova Scotia. The cable reported early in the fall that she had been wounded, and that she had conducted herself with heroism worthy of a trained soldier. Further details of the accident to Miss McDonald have reached New York in letters from Cape Town, but even these reports are somewhat incomplete. Fragmentary as they are, they have added to the satisfaction of the Alumnæ Association of the City Hospital nurses, who are anxiously awaiting Miss McDonald's return to this country to give her a reception and to proclaim their pride in her achievements.

Miss McDonald's friends do not know in what engagements she was wounded or the exact date. The cable simply said that she had been wounded. The letters received since say that she was on the firing-line or close to it. It is also known that she offered to assist in surgical work near the line of battle. The surgeons protested for a time, but she said that she was not afraid. She was wounded in the shoulder by a piece of shell. It is thought that there was a change in the line of battle and that it was impossible to move the surgeon's head-quarters, where the wounded men were taken for immediate treatment. Miss McDonald refused to leave her work, and it is said did not flinch in the least. Her own wound was painful, but a delicate operation was being performed upon a wounded soldier and she felt that her presence was necessary until it was finished. After the soldier had been cared for fully she allowed the surgeon to look after her, and she retired for a time.

Miss McDonald was graduated from the City Hospital Training-School in the Class of '95. She had three-years' experience in general nursing before the South African War was begun. She was elected recording secretary of the Alumnæ Association, but resigned about a year ago to go to her home in Nova Scotia. As soon as the war started

her spirit of loyalty to Canada and the mother country prompted her to volunteer as a nurse.

Arriving in South Africa, Miss McDonald was attached to the column that went to the relief of Kimberley, and she was the first woman to enter the city after it was relieved. General Roberts himself came to see her when she was wounded, and told her that she was a brave woman.

Her reply was: "I am the daughter of a Highlander."

VIRGINIA HOSPITAL GRADUATES

THE Virginia Hospital graduates have organized an Alumnæ Association with the following officers:

President, Mrs. Virginius Harrison.

Vice-president, Miss Dorothy Stuckey.

Secretary, Miss Douthat.

Treasurer, Miss Sallie Webb.

BUFFALO NURSES' ASSOCIATION

ON May 6 the regular monthly meeting of the Nurses' Association of Buffalo was held in the Guard of Honor rooms on Washington Street. Routine business occupied the first part of the meeting, and then Miss Marguerite Lindley, of New York, gave a most interesting talk on "Physical Culture." She besought nurses to use some thought as to self-preservation, and thus lessen the number of women who are breaking down when only started in their life-work. Her talk was earnest and full of helpful suggestions.

Reports from the delegates to the Albany meeting of the New York State Nurses' Association were fully given. The announcement of the election of Miss S. V. Nye, one of our association members, as the first president of the State Association was greeted with applause.

NURSES' SOCIAL SETTLEMENTS*

THE movement known as the "Settlement Movement" has been so generally noted and discussed during the past few years that I hardly think the gathering to-day need be reminded of its inception and history. It may not be amiss, however, to restate that what the settlement

*** Read by Miss L. D. Wald before the Third Annual Convention of the Nurses' Associated Alumnæ of the United States, held at New York May 3, 4, and 5, 1900.**

stands for is a social expression of the times in so far as its aims have crystallized or its principles been formulated.

Primarily we may claim that a "settlement" stands for an opportunity for different elements of society to know each other, and to find again those common ties that may fasten the bonds of mutual interest and mutual responsibilities.

Even in this so-called land of democracy social groups have developed into class groups, the rich and favored keeping to themselves, and in the greed of possession allowing the slum, the tenement-house life and all that it implies, to develop with them.

Now, there are not many who would have willingly allowed the creation of this state, for with class distinctions come class misconceptions, mistrusts, hates, and the ugly followers of poverty and sordid lives; therefore it does not seem strange that with this social injustice there should come the smart of the pricked consciences and action therefrom.

Into the life that seemed to him to show the greatest need first stepped the valiant young university man of England (1885). He took up his abode in the "slum" of his great capital and tried to learn from its denizens where the sore was, where the oppression, and hoped—if nothing more—to express to them and for them the sense of *his* desire for the universal brotherhood, and thereby he inaugurated a "settlement."

That desire the early church felt too, but has not kept so clearly before it, as the single creed of love and light (knowledge) became complicated with form and theology, and the new conscience—that is the social conscience—awakened seems almost to be a new message. Now the desire to know, to participate in the affairs of a social world, means the social life in its midst, and thus you see groups of people taking up their residence in parts of the cities that give them this new opportunity, not relinquishing their older ties, not uniting the two, but throwing their best efforts into new connection.

It is not easy to make genuine close social ties in any strange place, and the sincerest efforts of the sincerest people have often difficulty in finding an expression of their meaning, sometimes the small achievement mocking the high desire; but if this desire has entered into the heart of the nurse, she has the readiest opportunity in her profession.

She has so many advantages over other men and women of altruistic yearnings that she ought to count effectively as a link of restored belief and faith in the new social order of more fairly adjusted opportunities that we optimistically look forward to.

Nurses, therefore, who have the desire to throw their profession, their social ardor, into a service of the people, need have no difficulty in finding outlet for them. A democratic, neighborly, simple relationship is open to them in the "settlement," not a mission work as we have grown to understand that term, not as a means to persuade one set of people to believe as you do, but a frank avowal of relationship, a willingness, a zeal to serve where poverty augments the misfortune of disease, and then to hope for and to seize the opportunities of building upon this opening a relationship for future intercourse.

The nursing itself is what is probably familiar to you as district nursing—that is, the nurse does not remain continuously with one patient, but divides her day among several, going from one to the other; but the residence of the nurse in the social settlement being known to her patients, calls can be received and returned and part can be taken in the club, the class, and educational programme that is bound to grow in and about a settlement. These features will increase according to the number and ability of the settlement family and their attractive powers to the people of their neighborhood. So have the boys' and girls' clubs, the dancing-classes, debating societies, basket-ball teams, penny provident bank, domestic-science classes, kindergartens, and so forth grown as the needs and wishes of a neighborhood have been felt, naturally from the knowledge and influence of nurse and patient. Of course, the nurse does not care for the sick all day and manage clubs all evening, but she will desire some share in it; her interest will be in them all, and she will have such all-round concern in her patients, the definite details of their personality will be so well known to her, and she will find in the atmosphere of her home and a ready response to her efforts to bring them into it sufficient to prove the neighborliness of the house and all that that implies.

If all this sounds alluring to you, satisfying and stimulating, you are a nurse for a settlement.

ERIE COUNTY ALUMNÆ

THE annual meeting of the Erie County Hospital Alumnæ Association will be held June 5. Miss Alice Gillette, of Cuba, is expected to be present and to give a talk on "Yellow Fever."

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK

NEWS FROM DENMARK

AMONG those trained nurses who, after being by marriage or in other ways relieved from constant absorption in their specialty, have devoted their energies to general reform work, none is more hard working than Mrs. Gordon Norrie, of Copenhagen, one of the International Council of Nurses. Mrs. Norrie is deeply engaged in the suffrage movement and in the work of the Danish Women's Council. She has sent us a very interesting report of the "Information Bureau" established by the Council, which we would like to give in full, but must condense for want of space. The Information Bureau was established in 1900, with Mrs. Norrie as chairman and generally responsible. Its object is "to give information on general subjects concerning women, be it from Denmark or other countries, and to undertake research work." The report says:

"We may mention with satisfaction that our assistance has been required for several very important purposes. Questions have been addressed to us from our own country and from England, Italy, Holland, Norway, Sweden, and the United States. The problems put before us range from the sphere of the cooking-school to statistics with regard to the number of women in Danish political organizations, pension schemes for teachers and nurses, the training of nurses, midwives, and medical women, and Danish army nursing organization, to the American 'women's rights' movement."

The report goes on to relate in detail the last important movement in which the women of the council have been engaged, viz.: modifying and influencing the passage of legislation in the Danish Congress regulating the work of women and children in factories. Through the efforts of the Information Bureau, the points at issue in the proposed legislation were brought before the working-women of Denmark in mass meetings and by articles in the public press, with the result that the opinion of the women thus elicited considerably modified the proposed laws. It seems that the law proposed would have forbidden night-work to women, regulated their hours in the factory, and rendered it compulsory for them not to work during four weeks after confinement, without, however, introducing any compensatory features. The women contended that as labor is not badly abused in Denmark, "to forbid night-work and to regulate their hours would handicap them in the contest with their male colleagues. As for the pause after confinement, it would be welcomed on the condition that they should be supported during this period without being brought under the poor-law." It was to gain this latter point especially that the women bent their energies, and are hoping for success, the bill being now before the government. The entire report could be obtained from Mrs. Norrie at the Bureau, Norregade 33, Copenhagen, by any one wishing it, also the latest words on this modern problem may be found in the volume, "Women in Industrial Life," part of the transactions of the International Council of Women in London in 1899.

LETTERS

BRITISH MATRONS AT THE WAR OFFICE

(From our Special Correspondent)

DEAR EDITOR: You will be interested to hear that since I last wrote to you a deputation from the Matrons' Council has been received at the War Office by Lord Raglan, Under-Secretary of State for War, its object being to express the views of the council on the reforms necessary in the army nursing service.

The deputation consisted of Miss Isla Stewart, matron of St. Bartholomew's Hospital and president of the council; Mrs. Bedford Fenwick, president of the International Council of Nurses and superintendent of Nursing Department National Fund for Greek Wounded in the Græco-Turkish War; Miss Margaret Huxley, matron of Sir Patrick Dun's Hospital, Dublin, and president of the Dublin Nurses' Club, who came over from Ireland at a few hours' notice for the purpose and returned the same day; Miss Knight, matron of the General Hospital, Nottingham; Miss Mollett, matron of the Royal South Hants Hospital, Southampton, these three ladies being past or present vice-chairmen of the Matrons' Council and councillors of the International Council of Nurses; Miss Beatrice Jones, matron of the Victoria Park Hospital for Diseases of the Chest, who has worked in South Africa for six months during the present war as a member of the Army Nursing Reserve, and Miss M. Breay, honorary secretary of the council and councillor International Council of Nurses.

The deputation, which was courteously received by Lord Raglan, presented a memorandum, which was read by the president, embodying the following points:

"1. That in the last twenty years great progress has been made in nurse training, and the nurse of the present day must be a highly educated and skilful person if she is to render efficient service to physicians and surgeons and to the sick.

"2. That in all civil hospitals the nursing of male patients is entirely and most satisfactorily done by women, and there appears to be no valid reason why the sisters in military hospitals should not be responsible for the carrying out of medical directions in relation to the sick in every detail.

"3. That the control and discipline of the nursing staff in military hospitals should be vested in the superintendent of nursing.

"4. That a Nursing Department should be formed at the War Office in affiliation with the Medical Department, which should be superintended by a fully trained and experienced administrative nursing officer. (In this connection it was pointed out that a bill authorizing the appointment by the Secretary of War of a graduate nurse as Superintendent of the Army Nurse Corps has recently been passed by Congress in the United States.)

"5. That all female nursing officers should be certificated graduates of nursing schools of hospitals having a three-years' term of training and to which medical schools are attached. That in each military hospital the head sister should have full authority over the female nursing staff and be directly responsible to the Nursing Department for their discipline and efficiency. That there should be two grades of nursing sisters, senior and junior, and that the higher grade should be recruited from the lower, as vacancies occur, upon the recommendation of the principal medical officer and the head sister.

"6. That the probationary period for orderlies should last for three years, during which time they should have regular theoretical and practical instruction. That while in the wards they should be subject to the authority of the ward sisters, and that power of suspension for inefficiency or misconduct should be vested in the principal medical officer on the report of the head sister.

"7. That in the opinion of the Matrons' Council the organization of an effective army nursing reserve can only be satisfactory if kept up to a minimum standard in time of peace. That any such reserve should be an integral part of the army nursing service and under the control of the War Office both in time of peace and war, and that every element of lay control and philanthropy should be eliminated from its constitution."

These were the principal points embodied in the report, which was the outcome of much consideration and expert knowledge. For fourteen years Mrs. Bedford Fenwick has been interested in army nursing reform and has thoroughly acquainted herself with the conditions under which army nursing is at present performed. She has also had experience of active service as superintendent of the British contingent of nurses sent out to Greece by the National Fund during the Græco-Turkish War. The Matrons' Council had, further, the benefit of the diary of an army sister who nursed in our army for ten years in various parts of the world, and of the advice of several experienced nurses who have worked in South Africa during the present war.

BRITISH DELEGATES TO THE NURSES' CONGRESS

It may interest your readers to know that at the quarterly meeting of the Matrons' Council Miss Mollett, matron of the Royal South Hants Hospital and a vice-chairman, was elected delegate to the Buffalo Congress by an overwhelming majority, a choice which I feel sure will commend itself to your committee, as Miss Mollett's charming personality makes her deservedly popular. The Registered Nurses' Society has unanimously elected as its delegate its secretary, Miss Sophia Cartwright, who is a graduate of St. Bartholomew's Hospital and a lady who may always be relied upon to act and vote straight where nursing interests are concerned.

The Congress is arousing much interest in this country, and all that is brightest and best in the nursing profession here would be with you on that occasion if means permitted.

Yours cordially,

UNION JACK.

[We congratulate the "British Matrons" upon their courageous and womanly invasion of the War Office. Whether their recommendations are accepted or not, they must go on record in history, and commend themselves to all reasonable-minded people as being practical, humane, and enlightened. We believe their suggestions will not be without effect, and that the War Office, while at present turning them down, may, later on, adopt them as its own device. Have we not all known this to happen more than once? We do not mean only in war, but in all kinds of affairs. There are critics who would seem almost to prefer having abuses continue than to have reforms suggested by women, and articles have appeared in the English press, directed against the "British Matrons," the tone of which is quite incomprehensible to us, who see in their action only timely professional intelligence and high moral courage.—ED.]

THE AMERICAN MISSION HOSPITAL IN EGYPT

We misspelled the name of our correspondent from Assioot, Egypt. It is Miss E. Dorcas Teas, and she writes that she graduated from a Philadelphia hospital. A graduate of the New Haven School conducts the hospital in the Training-College for boys at Assioot. Miss Teas asks for suggestions about plumbing in places where there can be no real drainage, and plans for making distilled water, both for their new buildings. Can any one give her practical suggestions?

FROM NEW YORK TO MANILA

First Reserve Hospital, Manila.

. . . We left New York on the United States army transport Kilpatrick, carrying one thousand enlisted men. Newly fitted up, it had a complete little hospital, with a special diet-kitchen for the patients. We had pleasant weather, and reaching Gibraltar, I took a patient to the English military hospital. The ambulance was a primitive-looking affair with two wheels and without springs. As the roads were very good it was not so uncomfortable as it seemed. . . . I visited the Colonial Hospital and was shown through it by the sisters. They wear blue gingham dresses, white linen aprons, cuffs and kerchiefs, and white caps with strings tied under the chin. The wards contained twenty beds each, and opened out on balconies where the convalescents sat, with a fine view of the ocean and the fort. The windows and halls were filled with beautiful tropical plants, which relieved the plain whitewashed walls and unpolished floors. We then took a drive around the fort. The heights were rather trying, though the scenery was magnificent. The walls along the roadside were covered with a luxuriant growth of heliotrope. . . . An English fleet lay in the harbor, and it was a pretty sight to see the launches come over the water, carrying the English officers who came aboard to pay their compliments to our commanding officers.

We left just before the firing of the sunset gun, and our next stop was in Malta Harbor. The city was a beautiful sight, majestic in the splendor of ancient Spain; of Moorish architecture, and looking, from the harbor, as if it were cut out of the solid rock. I went ashore and visited the Church of St. John to see the tombs of the Knights of Malta; four hundred and sixty of them lie there, overlaid with mosaic. I also saw interesting old paintings and sculpture, and the beautiful gardens, covering an area of several miles.

We next cast anchor at Port Said. Here the East and West meet, and everything has a foreign appearance. The streets are narrow and unpaved, and anything like a sanitary condition is unknown. Beggars almost take possession of one, and will produce any relic of the Holy Land for a small sum. We were two days here, and fifteen hours in the Suez Canal. One side is fertile, the other a desert. We were told that for every foot of it a man was buried while it was being dug.

After a long sail we saw the island of Ceylon. How beautiful it looked in the purple haze of the sunset! And the odor of the spices came to us on the breeze. We were two days at Colombo. . . . We anchored at Singapore, but were only in harbor three hours, as the city was quarantined.

Finally, late one afternoon we saw the mountains of Luzon, and in the

evening anchored in Manila Bay. It is one of the finest harbors in the world, thirty miles in extent each way; the land is high and covered with luxuriant vegetation. Manila is about twenty miles from the entrance to the harbor. It is a fortified city encircled by a wall, with bastions and bulwarks, ditch and outer ditch, into which the water may pass through sluices, thus isolating the city.

The First Reserve Hospital fronts on the Pasig River. The nurses' uniform is white with white canvas shoes. Day nurses report for duty at seven A.M. and are off at six-thirty P.M., with two hours off in the middle of the day. Night nurses are on from six-thirty to seven. The wards have about sixty-four beds each. They are built of stone and finished with hard wood, lighted with electricity, and the sanitary arrangements are fairly good. The days of hardships are now over, and everything is nicely arranged for us.

M. E. SILCOTT.

[Miss Silcott is a graduate of the Children's Hospital, Washington, D. C.]

EDITOR'S MISCELLANY

SUFFRAGE FOR TAXPAYING WOMEN

THE New York Senate recently passed, by a vote of twenty-seven to fourteen, the bill empowering women taxpayers in townships and villages to vote upon all tax propositions. The bill has passed the lower house in three successive Legislatures by heavy majorities,—one year unanimously,—but has hitherto always failed in the Senate.

New York is the third State to grant suffrage to taxpaying women. Montana was the first, Louisiana the second.

The vote in New York is only the extension to all the towns and villages of the State of a right which the women in half a dozen New York cities of the third class have already possessed for years under special municipal charters, and which has been found to have no bad results.

WHEN we receive a letter like the one below from a nurse whose name is entirely strange to us, we feel rewarded for the hours of hard drudgery that we are obliged to spend over each number of the JOURNAL.—[ED.]

"DEAR JOURNAL: Another subscriber is added to your list of admirers. You are such a comfort to us all, we look for your coming with increased interest after every issue.

"I have been especially interested in the paper on the subject of 'Ethics,' and hope there are more of the same kind to follow.

"F. D. F."

32 WEST GENESEE STREET, BUFFALO, April 15, 1901.

DEAR EDITOR: I have read with much pleasure Miss McIsaac's article on "Ethics in Nursing" in THE AMERICAN JOURNAL OF NURSING for April.

It is a subject on which all conscientious superintendents of training-schools must feel great responsibility. During the time that I occupied that position I found it the most difficult and anxious part of the superintendent's duties.

I am sorry to say that the root of many of our nursing failures lies with those people of position who write glowing recommendations of candidates for training whom they know to be unfit for such a trust.

The good-natured people who cannot say "no," and whose names should be and are considered a guarantee of the applicant's moral fitness, have much to answer for.

A superintendent cannot be omniscient, and I have known of women of more than doubtful character who have succeeded in leading a double life during their training, and have received a diploma which was the key to the homes of countless unsuspecting families.

I would urge all superintendents to make no decision in regard to applicants without a more searching examination of their fitness than the simple endorsement of the application form.

I believe that most hospitals have a clause in their rules to the effect that "all communications between nurses, patients, and physicians must be strictly professional and in no wise social."

This is one of the rules which has been under much discussion pro and con as to its advisability. With young physicians and male patients, and a certain element present in all schools, the rule is regarded as one made to be broken. Yet the spirit of it is most essential to the welfare of the nurses and the standing of the training-school.

It seems to me that this subject should be laid before each pupil as she enters, with the understanding that its wilful disregard would mean expulsion from the school.

Can anything be done further by the superintendent, except to trust to the honor of her pupils to keep this rule?

I would like very much to hear from present and ex-superintendents of training-schools, in the hope of learning if any have found a way to solve this most serious problem. I feel sure it is still confronting many a superintendent and imperilling the standing of our schools and their graduates.

Sincerely yours,

LOIS MASTIN DIEHL.

MISS NINA LUTTRELL, who has been in Cuba for some time, has recently accepted the position of night supervisor at the Mercedes Hospital, Havana, Cuba.

THE medical and nursing staff of the Pan-American Hospital has been appointed by Dr. Roswell Park as follows:

MEDICAL OFFICERS.—Dr. N. W. Wilson, sanitary officer; Dr. Zittell, Dr. Edward Mann, Dr. Simpson, Dr. Ellis, Dr. Bixbee, ambulance.

NURSES.—Miss Adella Walters, in charge; Miss Minnie Van Enery, assistant; Mrs. Hassellberg, Presbyterian Hospital, New York; Miss Lichenstein, New Orleans Hospital; Miss Haynes, Buffalo Woman's Hospital; Miss Dodge, Chicago Baptist Hospital.

PAN-AMERICAN EXPOSITION

IT may be of interest to readers of THE AMERICAN JOURNAL OF NURSING who intend to visit Buffalo in the near future to learn something of the great Exposition and what it may cost to reach that city. Beginning with May 1, it can truly be said that "all roads lead to Buffalo," and a very nominal uniform rate has been made by all railroads,—viz.: one and one-quarter fares from any point.

As there are about thirty roads entering Buffalo, it will be a very easy matter to decide by what route to travel from any part of the country. The Nurses' Association of Buffalo, with Miss Annie Damer, president and chairman

of the Committee of Local Arrangements, will arrange for a head-quarters for registration, from which all delegates and visitors can be assigned stopping-places while in the city. It is expected to have members of the association meet incoming trains and facilitate matters for strangers.

The beauties of the Pan-American Exposition can scarcely be expressed in ordinary language, and must be seen to be appreciated.

It is instructive, as well as having many amusing features, and the electrical exhibition far surpasses anything seen at the Paris Exposition we are told by those who were abroad last year.

The Emergency Hospital is complete and in full running order, with its quota of nurses and doctors. A great deal of interest has been aroused in our country among nurses recently, and we hope that large numbers will attend the Congress of Nurses during the week of September and also the great Pan-American Exposition.

EMMA J. KEATING.

MARRIED.

IN Richmond, April 30, 1901, Miss Grace L. Denzler to Dr. J. Ryland Hudnall, of Botetourt County, Virginia. Mrs. Hudnall is a graduate of the Old Dominion Hospital, and was for the past three years associated with the C. and O. Railway Hospital, Clifton Forge, Virginia.

CHANGES IN THE ARMY NURSE CORPS

CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING MAY 6, 1901.

Bear, Carrie D., recently serving temporarily at the United States Army General Hospital, Presidio, San Francisco, discharged from the Nurse Corps.

Brennan, Eliza A., formerly on duty at the Second Reserve Hospital, Manila, Philippine Islands, discharged.

Brown, Mrs. Jessie M., transferred from the Santa Mesa Hospital, Manila, to transport duty on the Lawton en route to the United States. Arrived in San Francisco April 17 and assigned to temporary duty at the Presidio awaiting return transportation to the Philippines.

Cochran, Lillian E., now on duty at the United States Army General Hospital, Presidio, San Francisco, has been ordered to Fort Bayard, New Mexico.

Cox, Sara M., arrived in Manila on the Sheridan March 19 and was assigned to duty at the Santa Mesa Hospital, Manila.

Danford, Caroline L., transferred from Military Hospital, Dagupan, to First Reserve Hospital, Manila, Philippine Islands, to await transportation to the United States.

Deasy, Mary Clare, transferred from Military Hospital, Lucena, to the First Reserve Hospital, Manila, Philippine Islands, March 17.

Durkee, Lulu B., transferred from the First Reserve Hospital to duty at the Second Reserve, Manila, Philippine Islands.

Fenwick, Hattie, ordered from First Reserve Hospital, Manila, to transport duty en route to the United States.

Gillen, Ella M. (Mrs.), transferred from Columbia Barracks, Cuba, to temporary duty at the "Hospital Headquarters Artillery, Defences of Havana," Vedado, Cuba. Returned to station April 12.

Graham, Catherine B., arrived in Manila on the Sheridan March 19 and was assigned to duty at the Santa Mesa Hospital.

Hasemeyer, Augusta D., arrived in San Francisco April 17 on transport Lawton and was assigned temporarily to duty at the United States Army General Hospital, Presidio, San Francisco, awaiting return transportation to the Philippine Islands.

Hinkle, Julia, transferred from Military Hospital, Dagupan, Philippine Islands, to the First Reserve, Manila, to await transportation to the United States.

Jones, Helena E., arrived in Manila on the Lawton March 2 and was assigned to duty at the First Reserve Hospital, subsequently transferred to Military Hospital, Dagupan, March 16.

King, Ella B., arrived in Manila on the Sheridan March 19 and was assigned to duty at the Santa Mesa Hospital.

Lake, Mabel I., assigned to permanent duty at the United States Army General Hospital, Presidio, San Francisco, April 20.

Laughlin, Mary C., arrived in Manila on the Lawton March 2 and was assigned to duty at the First Reserve Hospital.

Livingston, Mrs. Tessie, arrived in Manila on Sheridan March 19 and was assigned to duty at the Santa Mesa Hospital.

Lyons, Mary V., left United States Army General Hospital, Presidio, San Francisco, April 27, for temporary duty at the Hospital Corps School of Instruction, Fort McDowell, Angel Island, California, during the absence of Miss Jane M. Stoker.

McCormick, Mary L., formerly on duty at the Second Reserve Hospital, Manila, Philippine Islands, discharged.

Michael, Emma E., formerly on duty at the United States General Hospital, Fort Bayard, New Mexico, discharged.

Mount, Louise I., formerly on duty at the Santa Mesa Hospital, Manila, Philippine Islands, discharged.

Pickel, Helen M., transferred from the Military Hospital, Lucena, to duty at the First Reserve Hospital, Manila, Philippine Islands.

Reed, Augusta G., left Santa Mesa Hospital, Manila, Philippine Islands, March 19 and ordered to duty at the Military Hospital, Dagupan, Philippine Islands.

Salter, Mrs. Marguerete, arrived in Manila March 19 and was assigned to duty at the Santa Mesa Hospital.

Smith, Stella, left San Francisco April 20 on Thomas for transport duty en route to Manila.

Spear, Eliza B., transferred from the Santa Mesa Hospital, Manila, to transport duty on Grant en route to the United States. Arrived in San Francisco April 19 and is under orders to return to the Philippines.

Sweet, Agnes, transferred from the Santa Mesa Hospital, Manila, to transport duty on Grant en route to the United States. Arrived in San Francisco April 19 and is under orders to return to the Philippines.

Talcott, Mary B., transferred from the Santa Mesa Hospital, Manila, to transport duty on Grant en route to the United States. Arrived

in San Francisco April 19 and is under orders to return to the Philippines.

Valentine, Minnie I., arrived in San Francisco April 14 on transport Thomas.

Wiedmann, Barbara, arrived in San Francisco April 15 on Thomas and sailed April 20 on same transport, returning to the Philippines.

Wills, Edith M., transferred from Military Hospital, Dagupan, Philippine Islands, to the First Reserve Hospital, Manila.

Wolfe, Effie, formerly on duty at the Santa Mesa Hospital, Manila, Philippine Islands, discharged.

Yeamans, Laura E., left Santa Mesa Hospital, Manila, March 21; ordered to duty at the Military Hospital, Vigan, Philippine Islands.

Zellar, Clara M., left Santa Mesa Hospital, Manila, March 19; ordered to duty at the Military Hospital, Dagupan, Philippine Islands.

Zink, Josephine, arrived in San Francisco April 15 on transport Thomas and sailed April 20 on same transport, returning to the Philippines.

THE EDITOR

We wish to call the special attention of our readers to the report of the Congress Committee given on another page. Judging from the tone of the meeting recently held in Buffalo, no time or labor will be spared to make the Congress a most interesting and delightful occasion. The August and September numbers of the Journal will be given up largely to Congress matters, the September issue to be in the nature of a "Congress Souvenir."

As has been announced in the department of hospital news, the Editor will after June 1 be free to devote her entire time to the magazine, and after a few weeks of much-needed rest she hopes to do better work for the Journal than has been possible in connection with the exacting duties of a difficult hospital position.

Two articles in the present number, "Baltimore's Work in Tuberculosis," by Miss Sherman, and the second paper of "The Report of the Tenement-House Committee," contributed by Miss Dock, are of especial interest because, although upon quite different lines, they deal with practically the same subject,—the prevention and spread of what is commonly called consumption. We believe that at the end of the century this terrible disease will be more thoroughly under control than small-pox is at the present time. The first step is in the education of the intelligent public, who have means within their power to provide better living conditions and better protection for the poor and ignorant.

If the trained nurse could be made to realize her responsibility as a public educator, what a tremendous factor she would become in all of these great problems of public health! It would not be necessary for her to be officially appointed a sanitary inspector, but just to talk intelligently upon such subjects as light and fresh air, common, every-day soap-and-water cleanliness, and the need for better housing and more careful medical inspection of schools and factories as she goes about from one family to another as a private-duty nurse. Think what the thirty thousand trained nurses in the United States could accomplish upon these lines if their interest and energies were only turned in this direction!

THE paper on "Medical Inspection of the Public Schools of Boston was written for the May number of the JOURNAL, but came to hand a little too late, and, although upon somewhat the same lines as Miss Hay's paper, it deals with the subject so much more minutely from a medical stand-point that we have thought best to give it place in the present issue. The writer, Dr. Dewey, has been interested in this movement in Boston from the beginning, and speaks from the stand-point of one familiar with all of the practical detail.

IT is quite a new departure for Boards of Managers to interest themselves in matters purely ethical that concern nurses in private practice, and it is with great interest that we note the action of the Board of Managers of the Old Dominion Hospital mentioned in the May issue of the JOURNAL, and the action contemplated by the Alumnæ Associations and club women of Chicago in protesting against the wearing of the nurses' uniform by domestic servants. If once public sentiment can be aroused against this abuse, we believe much can be done to abolish the too prevalent fashion of dressing housemaids, waitresses, and childnurses in the uniform of the most popular training-school in the community.

This is a matter that, once having been agitated, might well be taken up by the nursing organizations of the country, and the coöperation of hospital managers be solicited in creating a popular prejudice against this custom. It will only be necessary to make it "bad form" for one's servants to be dressed as nurses, and the fashion will die a natural death.

WE feel that we owe a word of explanation to the members of the New York State Association for our failure to produce in the May number of the JOURNAL the photograph of the group which was taken upon the steps of the City Hall. It will be remembered by those who were present that when the request that such a photograph should be taken was first submitted to the meeting by the president, the convention voted in the negative. The "Editor" had at this moment left the room with the Nominating Committee, but it will be remembered that she returned and made a personal appeal to the members to reconsider their decision, that she might have a copy of a photograph of the convention for THE AMERICAN JOURNAL OF NURSING. After taking the group the photographer disappeared in a mysterious way, and we were unable to locate him. Learning that he came from Saratoga, we commissioned Miss Brooks to look him up and arrange for a copy of the photograph to be sent to us immediately. A message came from the gentleman to

the effect that the plate was "light struck" and too poor to be reproduced in our JOURNAL, consequently our surprise and amusement may be imagined when a reproduction of the group was seen in another journal. But it may be a satisfaction to the disappointed members to know that the picture was quite as poor, from an artistic stand-point, as the photographer represented it to be.

THE committee appointed to act with the officers of the New York State Association to draft by-laws to be considered at the next meeting in Buffalo will have to deal with the burning question of eligibility,—whether membership in the society shall be individual or by representatives of nursing organizations, and if the latter, what kind of organizations. Before the next meeting each nurse should, as far as possible, study the form of organization which has been followed by State societies in other lines. The medical profession have not yet reached a plan of organization which is satisfactory to all, and we should at least profit by their experience in avoiding the rocks upon which they have split, if possible.

Representation from county societies would seem to be the simplest and most practical method but for one very serious objection,—namely, the fact that there is but one county society in New York State at the present time.

New York will watch with deep interest the lines upon which Illinois decides to organize.

New York State undoubtedly has the greatest number of nurses of any State in the country, but the great mass of these women are congregated in and about New York City. There is a small group in the centre of the State, and still another in the western extremity. The problem will be, how to gather in the scatterings.



THE BLUE-CROSS NURSES OF THE OSPEDALE CLINICO, NAPLES

THE
AMERICAN JOURNAL
OF NURSING

VOL. I | JULY, 1901 | NO. 10

ORIGINAL COMMUNICATIONS

TRAVELLING WITH A PATIENT IN EGYPT

BY MARY CLOUD BEAN
Graduate of the Johns Hopkins Hospital

FIRST, shall it be done? Does Egypt offer anything to the invalid, or is it simply "that hot, dusty country," rather to be avoided than sought out, against which at least one physician recently warned an invalid?

To the first two propositions the writer desires to say "Yes," and to record a "No" against the last, admitting that there is dust in Egypt, and sometimes plenty of it, and that it is also hot at times. Outside of Cairo, however, the dust is not troublesome, and as for heat, why, that is what an invalid wants, and in that lies one of Egypt's chief advantages as a health-resort during the five or six months of the year when winter reigns in the greater part of America, and when even Southern Europe is often frigid and at the mercy of cold, damp winds. Do not let the fear of that deter an invalid from going to Egypt. On the contrary, there will probably be days, and certainly nights, when the mercury sinks lower than is desirable. During December and January on the Nile the mornings and evenings are almost invariably quite cool, and one can sit out-of-doors with comfort on very few nights of this period; certainly not without extensive wrapping up. A minimum night temperature of about 40° F. is usual on the Nile at this season, and the mercury may stand below sixty degrees in the shade during a considerable period of the day. Add to this a wind that is equally cold from north or south, and the chances are that enduring the tropical heat of Egypt will not be beyond most of us.

But in this we have given the other story,—not the days and days of uninterrupted sun-glow, during which for many hours it is possible to bask out-of-doors in a temperature of seventy to eighty-five or more degrees, breathing the invigorating air from desert or river and revelling in the renewal of health. It is well known that for dryness of climate Egypt is unsurpassed. Assouan in Upper Egypt, at the First Cataract, enjoys the distinction of being the dryest accessible health resort in the world, and with its great warmth, permitting continuous out-of-door life, its superiority over other resorts of low humidity is very apparent. The Engadine may be drier, but that region is cold and practically out of the world. Colorado is nowhere so dry as this particular part of Egypt, and Florida, though occupying almost the same position as to latitude that Egypt does, is less warm and of very much greater humidity. The annual rainfall of Cairo, in Lower Egypt, is not over one and one-half inches. Almost never is there fog, and the dew is not troublesome anywhere in the land. Those who know tell us that increasing cultivation of the soil in Egypt is modifying the climate as to dryness and stability of temperature, but one doubts whether this will for a long time cause any material difference. As for the winds before mentioned, he who goes up the Nile in a sail-boat soon recognizes them as his best friend, and they at no season present a real problem. An occasional sand-storm adds variety, but no great misery if one stays indoors during its progress. The air of Egypt is always invigorating, and that of desert regions stimulates one as nothing short of champagne or residence on a mountain top can do.

It is said that all classes of disease do well in Egypt, except when so far advanced that the exertion of travel is hurtful. The various forms of nervous exhaustion and their accompanying digestive disturbances, chest, throat, and nasal troubles, rheumatism in its different manifestations, heart weakness, and nephritis are especially benefited by a winter--from October to April—in Egypt; and, to quote from a well-known Cairo physician, also "the very large class of people without organic disease who shrivel up sadly in a cold climate, and expand joyously in a sunny atmosphere where they are not perpetually reminded of their sensitiveness to cold or to taking cold."

The difficulty of getting to Egypt is not great, even from America, and Cairo is only four days by comfortable steamer from Naples to Port Said or Alexandria, the train journey being shorter from the latter port. Objections to the expense of living in Egypt there may be, but this is less than is popularly supposed, and decreases with competition and with time.

However, the thing to do in Egypt for the invalid who is not con-

fined to bed and who has a party of from four to ten and can afford the cost of so luxurious a mode of travel is to take a dahabeah and sail from Cairo to Assouan on the Nile. Egypt, "the gift of the Nile," from any point of view or any physical locality, is a fascinating country, whose present interest almost or quite equals its past glory, and he who would know it truly must get at it intimately, from contact with its people and long contemplation of its landscape and its ruins, with much study of its history. Once launched upon the career of amateur Egyptologist, there is no hypochondriac in the world who would not forget his ailments and be happy. Not many of us have the enthusiasm requisite for living in tombs or amongst the fellahin, but from the deck of a dahabeah, sailing slowly along or stopping by the way when winds fail, the people and their habits, their boats and their villages, come to be of absorbing interest. Then come the days when there are excursions to ancient tombs or temples, when the crowd of donkeys and donkey-boys appears, and there is mounting and riding off in the midst of growing crops, through yellow desert sands, to study architecture, gods, and hieroglyphics, and to wonder at a nation which five thousand years before the Christian era, perhaps, was at a point of civilization excelled by ourselves at the present day in little else than the ability to cross an ocean to stand before their monuments. It is good for our American superiority to realize such things now and then.

For the invalid who objects to donkey-riding, or who is really not strong enough to mount one of the delightful little beasts, there are sedan-chairs in which to be borne by men or donkeys, and sand-carts are sometimes available; and there are, fortunately, a few temples quite near the river's edge which may be inspected with but little trouble or exertion. As to the comfort and luxury of dahabeah life, there can be but one voice,—an approving one,—and no mode of existence so annihilates time as this does, or offers so great but tranquil variety to one's days. But in the happiness of deck-life it should not be forgotten to go ashore every day for exercise. Probably the safer plan in securing a dahabeah is to put one's self into the hands of one of the well-known European tourist companies of Cairo, which will arrange all details of equipment and crew and take all responsibilities for the voyage, providing servants and a cuisine equal to that of the best hotels—or better, in its individuality and the possibilities of personal ordering, which, however, need not be undertaken unless one so desires. Fresh meat, poultry, and pigeons, and delicious fruit and vegetables are nearly always easily accessible along the Nile, and a taste for buffalo milk is not difficult of acquirement and is very useful where cows do not happen to be found, as sometimes will occur. It is quite possible to find

in Cairo a native dragoman who is thoroughly capable of conducting a party by dahabeah independently of a tourist company, and who can outfit and manage the boat with entire satisfaction. It is an advantage to select a man who can read English and who knows something of hieroglyphics.

The prospective Egyptian traveller does not need to take up the literature relating to the land beyond a few books of general information until he is in the country, but he should bring with him or get in Cairo as complete a library as he can afford of books dealing with Egypt, old and new, to be read diligently on the way up the river and again on the way back to Cairo. A hundred volumes will contain a wealth of information.

The ascent of the Nile by dahabeah, over the six hundred miles from Cairo to Assouan, may occupy anywhere from two weeks to two months, according to the winds, and the descent about three weeks. People who are willing to sacrifice the pleasure of sailing may take a steam-tug for a part or the whole of the distance, obtaining speed if nothing else. A popular method of "doing" the Nile, and useful to those whose time is really limited, is to take the excursion by three- or by four-weeks' tourist steamers to Assouan and return, but for invalids, except as a means of transit, these steamers are to be avoided. It would play havoc with the health of even a strong person to make all the excursions ashore contemplated by the steamer's itinerary. One may also go by train, and stop either from steamer or train at Luxor or Assouan, or go on from Assouan by steamer a still farther distance up the Nile. The tourist companies offer also private steamers for the Nile trip, but life in contiguity with a steam engine is not beneficial to an invalid, in the writer's opinion.

The towns of Luxor and Assouan possess excellent hotels, and are in the midst of interesting ruins which tempt the invalid to get well and explore them. Besides these places there is Helouan-les-Bains, whose waters are especially valuable to rheumatic subjects, located a few hours out of Cairo on the edge of the desert; near the Pyramids there is the Mena House, where the air is excellent and where patients do well. The Gezireh Palace Hotel is also well known. In fact, there is in Egypt an excellent and varied choice of localities and of modes of living. A long stay in Cairo, attractive as that city is, is not to be recommended, on account of the dust and the noise and the temptation to over-exertion induced by fashionable life.

At all the places named there are to be found good physicians, and the steamers have physicians on board, who will, if necessary, visit the dahabeahs. In Cairo there is a hospital with English nurses.

As to the outfit for an Egyptian winter, bring all the varieties of clothing you possess, and make up your mind that you will not object to changing your garments to suit the temperature. With thin flannels or none for warm days, and heavy ones for cold, and plenty of rugs and wraps at hand, a dahabeah winter on the Nile need never be anything but a season of comfort; and those people who at home in America spend half the winter with various ailments, the result of cold, suffer no inconvenience. On the Nile, for general wear, light flannel dresses are the most suitable; the much lauded khaki is valuable only as a dust-proof garment. A veil is necessary for shore wear, and smoked glasses, or those of wire gauze, are good protection for the eyes.

Medicines should be selected to suit the patient, with disinfectants, and a stock of simple remedies to give away to sailors and servants and to natives, who take kindly to drugs dispensed by the traveller, rebel as they may against going to a hospital when ill. It is very amusing, the number of small woes a boat's crew can produce, and a cough, an infected finger, a cut, or a bruise is always promptly reported and always responds to treatment, bringing forth the grateful thanks of the afflicted. In its present-day simple inhabitants lies one great charm of Egypt. They repay any amount of study, and in them open up qualities and capabilities undreamed of before one came in contact with them. The whole land of Egypt, river, desert, field, and mountain, in common with its people and its past, possesses an insidious and permanent charm, not possible to realize until one is on the spot, and which it is impossible to escape from forever afterwards.

THE MODERN HOSPITAL: ITS VALUE TO THE PATIENT AND TO THE PHYSICIAN

By EDWARD B. ANGELL, M.D.
Neurologist to the Rochester City Hospital

In 1876 Sir Joseph Lister read a paper on the subject of "Surgical Antisepsis" before the International Congress of Physicians and Surgeons at Philadelphia. Much criticised and even condemned by some of the surgeons of America in the discussion which followed, this paper marks the boundary-line between the hospital system of the past and that of the present. Following closely upon the teaching of the germ theory of disease, the introduction of asepsis marked the beginning of a great change in the systematic management of hospital service. Not many of us are so young as not to remember the old-time hospital, with

its incapable nursing, its lack of that absolute cleanliness now regarded so essential, its highest aim serving rather for the care and cure of serious injuries or maladies than for the heroic treatment by the knife of supposedly incurable diseases. All of this has now been changed. The hospital that gives adequate service is a very complex institution. With the development of the principle of surgical asepsis, a new condition of things was absolutely demanded. In place of the self-trained helpers in the ward, a well-trained nurse, young, neat, and intelligent, was required to enable the surgeon to secure not only the best results, but to prevent inexcusable mishaps; hence resulted the establishment of the nurse training-schools in all of our large hospitals. Further, the plain operating-room, furnished only with hot and cold water and soap for asepsis, proved inadequate to the demands of modern surgery, and the well-appointed surgical pavilion, with necessary apparatus for proper sterilization of instruments, dressings, etc., has been required. The introduction of asepsis into surgery has greatly extended its field. Operations scarce dreamed of twenty-five years ago are commonly proposed and successfully done. The abdomen has been invaded, nearly every organ successfully treated or removed, while the brain cavity has often furnished the ground for successful operative work, and the heart itself has not escaped the surgeon's skill. All this has been made possible through the evolution of the hospital and the hospital service. The modern hospital, then, not only affords subsistence and care for the patients within its protection, but it must furnish a service adequate to supply the demands of the most daring operator. As a result, a systematic organization has grown up, the general rules of which must apply in every case where a hospital would offer the highest quality of care. For the sake of simplicity, the organization of a hospital may be divided into the matters of subsistence and service,—subsistence having to do merely with the food supply, the service with all that which pertains to the welfare and comfort of the patient. It is in this latter direction especially that the modern hospital is far in advance of the one of generations ago.

So complex have become the demands of the training-school, the surgical service, the ambulance service, the question of food supply, the attention to all details, that a single head is absolutely indispensable for a successful maintenance. The superintendent, responsible on the one hand to the Board of Managers for economy of administration, on the other to the physicians and surgeons for maintaining the best possible service, necessarily bears the great burden of administration and must have executive qualities of a high order. The control of the superintendent in all departments to be efficient must be absolute. Under the

superintendent in the larger and better managed hospitals are usually one or more assistant superintendents, a night superintendent, head nurses, nurses in active training, with all the service necessary for the domestic management of the household, consisting of housekeeper, cooks, waitresses, and maids. In addition there must be a clerk, a pharmacist, orderlies, elevator-boy, and hall-boys; the ambulance service must be efficient and constantly ready. The laundry, formerly rarely necessary, is now an important adjunct in every well-regulated hospital Every hospital must have special facilities for steam-heating and steam-sterilizing, while many develop their own electric light by a special plant. All these in addition to the usual house officers or internes, consisting of two or more physicians and two or more surgeons. What a vast change from the old days, when the wards were served by three or four more or less decrepit old women, when there was no operating-pavilion, the only facilities consisting of a square room, an ordinary table in the centre with hot and cold water at most, and a case for the unsterilized instruments along the wall.

The greatly increased service, then, characterizes the hospital of the present day. This, however, did not come without great increase in expense. Where formerly four nurses answered for fifty patients, the service has become so amplified that in all our modern hospitals no nurse has more than three patients as an average to care for.

In the Boston City Hospital, one of the best types of a modern hospital, the patients for 1900 averaged four hundred and fifty-four daily; the paid employees numbered three hundred and forty-nine, of whom one hundred and forty-three were nurses, giving each nurse on an average three patients.

At Johns Hopkins Hospital in 1899 the daily average of patients was two hundred and sixty-three; the nursing staff eighty-nine, or one nurse for every three patients.

In the Presbyterian Hospital in New York in 1900 the daily average of patients was one hundred and ninety-five; the nursing staff eighty-five, or nearly one nurse to every two patients.

In the Massachusetts General the daily average number of patients during the year 1899 was two hundred and sixty-one; the total number of employees two hundred and forty, while the nursing staff numbered fifty-three, or one nurse to nearly five patients.

In the Roosevelt Hospital in New York during 1899 the daily average number of patients was one hundred and seventy; the total number of employees two hundred, of whom eighty were nurses, or one nurse to two patients.

In our own City Hospital the daily average for the past year has

been eighty-six patients; the nursing staff forty-five, a proportion of more than one nurse for every two patients.

Can one wonder, then, at the growing cost of hospital care? Let me give a few statistics for comparison:

In the Boston City Hospital for 1900 the average cost of maintenance per patient was twelve dollars and thirty-nine cents per week, of which two dollars and fifty-one cents was for food and nine dollars and eighty-eight cents for service.

In the Presbyterian Hospital, above mentioned, the cost of maintenance per week was seventeen dollars and eight cents, of which two dollars and thirty-one cents was for food and the balance, fourteen dollars and seventy-seven cents, for service.

In the University Hospital of Philadelphia the cost of maintenance per patient per week was twelve dollars and ninety-seven cents, of which two dollars and thirty-four cents was for food and ten dollars and sixty-three cents for service.

In the Massachusetts General in 1899 the cost of maintenance per patient per week was thirteen dollars and seventy-four cents, of which but two dollars and three cents was for food, leaving eleven dollars and seventy-one cents as the weekly cost of service per patient.

In the Roosevelt Hospital the cost per week per patient was fourteen dollars and twenty-two cents in 1899, of which but two dollars and forty-six cents was for food.

In the Rochester City Hospital for the past year the cost of maintenance was eleven dollars and thirty-four cents per patient per week, of which one dollar and forty cents was for food and nine dollars and ninety-four cents for service. Of this last two dollars and thirty-one cents was for expense of maintaining plant. During the last year in the Rochester City Hospital the average daily number of patients was eighty-six; the number of employees during that same period was ninety. Nothing more conclusively shows the increase in the attention given by our modern hospital to the care and cure of the sick and injured. In the old days the average cost of maintenance per patient per week was from four to five dollars, possibly less; and this large increase in cost represents the demands made upon the hospital through modern methods. As will be seen by these comparative figures, the character of the service given by the Rochester City Hospital is excelled by that of no hospital in the land, and this at a cost which averages less than that in other and larger institutions.

The increased cost of hospital care admittedly has greatly lessened the mortality rate, especially in surgical work. But that boon, while warranting such expenditure, is not the only gain. So greatly has the effi-

ciency of hospital care increased that the average length of stay required for each patient has been greatly reduced.

In 1855 in the Massachusetts General Hospital the average length of stay of free patients was eighty-one days, in 1899 twenty days; thus showing that efficiency has been increased four-fold,—a sound financial argument in favor of highest efficiency, to say nothing of the suffering and anxiety spared sick humanity.

I have referred above to the primitive arrangements for surgical operations. The maintenance of the surgical pavilion, ready for instant use, is of itself an important but expensive item in the hospital service. Our own City Hospital, through the generosity of one member of its staff, possesses such a pavilion of the highest type of usefulness, but its cost to date has been nearly fifteen thousand dollars, and again shows to what extent demands of modern surgery influence the expenditure of money. This surgical pavilion, in charge of a paid nurse, is ready for use at any moment, with light, warmth, and steam for sterilization and all but inexhaustible in its resources for anæsthetics, instruments, and dressings. Let me give you an illustration of the requirements met with in two recent operations: one, an operation on a ward patient, may be regarded as economical, and yet this is the list of materials used:

Sheets	7
Gowns	11
Hand towels	14
Surgical towels	40
Gauze for sponges and other purposes	8½ yards.
Laparotomy dressings, consisting of:	
Gauze	2 "
Absorbent cotton	1¼ "
Laparotomy flannel	1¼ "
Safety-pins	10
Adhesive strap	27 by 3 inches.
Green soap	8 ounces.
Chloroform	2 "
Ether	1 pound.
Lime	12 ounces.
Soda	6 "
Scrubbing-brushes	5 "

At another operation, somewhat more generous in its proportions, the following was the list of materials used:

Sheets	9
Gowns	16
Surgical towels	100
Gauze for sponges, etc.	42 yards.

Vaginal and laparotomy dressings, consisting of:	
Gauze	5 yards.
Absorbent cotton	¼ yard.
Laparotomy flannel	1¼ yards.
Safety-pins	15
Adhesive straps	

All these in addition to the service of three nurses, two doctors, one orderly, with heat, light, and the necessary laundering. The absolute cost of the material used in an operation is not a small item. For two months of the past year the average cost per operator in the surgical pavilion for drugs was one dollar and thirty-six cents; for dressings, fifty-one cents, or a total cost of one dollar and eighty-seven cents for each operation. The cost of service, of course, is not included in this. Up to last year it was the custom for the hospital to charge ten dollars for the use of the surgical pavilion for each operation. The income from this source in 1898 was two thousand one hundred and five dollars. At the beginning of 1899, at the request of the staff, this charge was removed, and the total income from the surgical pavilion fell to two hundred and eighty-nine dollars and fifty cents,—a cause of material loss to the hospital management.

Now a glance at the house service. In addition to the nurses, the staff of the hospital requires the services of thirty-eight people. Five graduate nurses are employed on a salary in charge of different departments,—one in the children's pavilion, one in the male ward, one in the female ward, one for private patients, and one in the surgical pavilion. By reason of this supervision, a decided improvement upon the old method, every patient is always under the immediate oversight of a trained nurse of experience.

The nursing staff at the present time consists of thirty-nine nurses in addition to the assistant superintendent, a night superintendent, two orderlies, and a night man. These pupil nurses in the training-school, in addition to caring for the patients under their charge, are required to pursue a thorough course of instruction to fit them for the practical work of their profession. Their duties require them to be on service twelve hours of the twenty-four, from seven o'clock in the morning until seven o'clock in the evening, or the reverse, with the privilege of two hours off each day and one afternoon each week. Constantly, throughout the year, lectures are given by a member of the staff to the nurses in training, two each week, which they are required to attend unless prevented by some insurmountable obstacle. Upon the thoroughness and efficiency of their training and experience depends the quality of service which we, as physicians, get from them in our daily work. Impor-

tant is it, therefore, that nothing be wanting to make that training thoroughly efficient.

The ROCHESTER CITY HOSPITAL is organized into the following departments:

General wards at	$7.00	per	week.
Private wards at	8.00	"	"
Special private rooms at	10.00	"	"
Private rooms, proper	$16.00 to 25.00	"	"

The general wards are under the care solely of the visiting staff. The private wards, however, can be utilized by any physician in good standing for the care of his patient. The food-supply and the service rendered are supposed to be identical to that furnished in the general ward. At the increase in cost of but one dollar a week, a patient, if so desiring it, may be attended by her own physician, irrespective of his being associated or not with the hospital staff. To meet the requirements of those who desire the privacy of a room and yet who cannot well afford the luxury of more expensive quarters, special private rooms have been provided at the very moderate rate of ten dollars per week. The service and food-supply in these rooms are also supposed to be on a par with that furnished in the general ward, the privacy of a room being regarded as an equivalent for the slight increase in charge. It was not intended that patients able to pay a higher rate should avail themselves of this service. For that class of patients private rooms proper cost from sixteen to twenty-five dollars per week. The occupants of these rooms are properly allowed a more liberal supply in service and food. It has been shown that the average cost for maintenance per patient per week in the hospital was eleven dollars and thirty-four cents,—not a very large margin of profit for the hospital when the patient pays but ten dollars in a private room. As an instance of how easy cost of maintenance may be increased, let me cite you a recent example of a patient in one of the ten-dollar rooms whose food and medicine alone actually cost eight dollars and twenty-five cents, leaving but one dollar and seventy-five cents for heat, light, and service, as well as for the board of an outside nurse who was caring for her. As a further illustration of the cost of care in some cases, let me cite two recent cases placed in the private ward under the care of a physician not on the regular staff, to whom was furnished freely everything needed for their proper care. These two cases resulted from serious burns and paid the regular private ward price of eight dollars per week, or one dollar and fifteen cents each per day. The physician in attendance upon his first visit properly ordered the house surgeon to do the dressings. This required six and one-half hours of the surgeon's time in these two cases, and the ointment prescribed cost the hospital *one dollar* per day per patient. The day follow-

ing the physician very properly modified the ointment and arranged to have one special nurse, day and night, between the two cases, thus relieving the house surgeon from the expenditure of so much time. In these cases the average daily cost for the first four days for each patient, for material, ointment, and drugs, was eighty-eight cents, leaving for the hospital twenty-seven cents for board and such service as was required.

A modern hospital, then, is a very complex institution, requiring in its management economy on the one hand, to satisfy the Board of Trustees, and yet on the other the widest generosity in furnishing service essential to every need. The superintendent stands between the trustees on the one side, clamoring constantly for more and more economy in management, and the physicians on the other, constantly on the alert for the outlay of money in new directions which promise quicker and surer relief to their patients. The instruments must be kept in order, the sterilizing plant ready for instant use, the linen supply must be inexhaustible, the purchasing department run economically, the work of the nurses so timed that the physicians will find everything in readiness for their visits, all the domestic arrangements of a vast housekeeping carefully supervised, a corps of young women nurses personally watched and guarded, the petty squabbles in the service controlled, the requirements of the visiting physicians courteously met, and the numberless questions of anxious visitors generously satisfied. Furthermore, it is the boast of every modern hospital to be able to provide for everything that is needed without delay. No shortage in towels, linen, instruments, drugs, anæsthetics, or service can be tolerated. Equally necessary is it to be able to meet the demands for special nurses. And as an illustration of the capacity of our Rochester City Hospital in that direction, I would remark that at one time nineteen patients in the private rooms in the mansard were receiving the undivided attentions of eighteen nurses, two of whom only were "specials" from outside the hospital training-school. Again, not long ago, in the west hall of the hospital fourteen physicians were visiting at the same time among fifteen patients, requiring the attention of the nurses in charge. At another time recently I was told by the nurse in charge of the private wards and private rooms that she received orders from eighteen different physicians in one day. What better can illustrate the stress placed upon hospital service by the demands of the physician and surgeon of to-day?

How, then, can we estimate the value of the modern hospital to the public? The facilities furnished are of such a nature as to make them impossible even in the most luxurious home. To insure the same safety in surgical operations, think of the cost and of the impossibility of getting such generous assistance. For the medical patient the hospital, with

its quiet, its facilities, its freedom from home cares and disturbing friends, is often of the utmost importance to recovery. Service such as is given by our best hospitals can be secured under no other conditions with equal success. Service must then necessarily stand first in importance. Patients ought to realize that an efficient service counts more for recovery than a mere matter of more tempting food, if the quality of the food so far as nutrition and sustenance is concerned is sufficient. The highest possible service in any given hospital should merit the commendation of the public, rather than the variety and tempting quality of the food-supply.

That such service in the care of surgical and medical cases is being appreciated is well illustrated by the growing use of the hospital by physicians not directly associated with the hospital as staff attendants. For the past six years the statistics of the City Hospital show that each year an increasing number of our medical men are availing themselves of hospital care for their patients. During the past year seventy-five physicians—not members of the hospital staff—treated their patients in the City Hospital.

What, furthermore, is the value of the modern hospital to the general physician? As an interne, he secures the best part of his education in the practical treatment of disease; in the out-patient department, he continues his acquaintance with disease and its various manifestations; as a staff physician, he acquires by experience that definite knowledge of morbid conditions which marks one as a good consultant. Always the young physician has the opportunity of witnessing operations through the courtesy of the surgical staff. The training-school, furnishing, as it does through its graduates, the greatest assistance ever evolved for the physician, directly benefits the professional career of every medical man. Doubtless a well-equipped nurse does as much to build up the reputation of the physician as any other of all his armamentarium. We owe it to them, to our own selves, and to our professional position to do everything that will aid in the training of these nurses.

The Rochester hospitals occupy a unique position in allowing any surgeon a free use of the operating-pavilion. In all the larger cities the important hospitals only permit their staff surgeons to operate in the operating-room, thus requiring all cases referred to the hospital to be operated on by some member of its staff. In Rochester it is possible for any surgeon or physician to take the care of his patient personally through an operation or through any illness requiring hospital care. In all serious cases the cost of hospital treatment compared with home treatment is very much reduced, and it is thus possible for a physician often to secure a satisfactory fee when otherwise the cost of caring for his case

would leave little for him. It is not too much, then, for a hospital to expect that every physician will treat it fairly. If the patient is able to pay a large fee for an operation, he must at least be quite as able to pay for the service of a full private room. I am told by some of the trustees that in some instances the privilege of the low-priced rooms has been abused in the past, and that a patient supposedly too poor to pay for a more expensive room has been charged a fee of from one hundred and fifty to two hundred and fifty dollars by the operating surgeon. This is manifestly unfair, inasmuch as the service of that room is not met by the charge of ten dollars per week. The adoption of a rule requiring that patients occupying the low-priced rooms be charged a correspondingly moderate fee has been suggested to meet this condition. Furthermore, one peculiar way in which the hospital serves the physician is that it has to bear the blame for untoward results. Many times has the hospital been condemned when the physician or surgeon in charge should bear the blame for an unhappy result. The modern hospital, then, deserves constant hearty support of the public for the quality and character of the service rendered. There should be, however, the clearest discrimination in the real value of hospital treatment: it is the service, not the food, which counts and costs.

The hospital service should then be used to its uttermost for a noble end, that contemplated by its charter—the curing of disease and the preservation of human life; not from the sordid desire on the part of the physician to get as large a fee as possible at its expense.

Only through the recognition of the fact that efficient hospital care is expensive in proportion to the character of the service rendered can a just estimation be reached regarding the cost of maintenance. Hospitals need fair treatment from those who most benefit by them,—the patients who receive the care, the physicians who reap the reward.

PRACTICAL POINTS ON PRIVATE NURSING

IN CHARGE OF

ISABEL McISAAC

MASSAGE FOR CONSTIPATION

By KATE W. WILLIAMS
Illinois Training-School for Nurses

Constipation is one of the ills from which no small proportion of mankind suffers, and any therapeutic measure which will mitigate or cure it is not to be lightly considered.

Cathartics are quickly resorted to by the laity without knowledge as to their general fitness. Surely all nurses would wish a discontinuance of the old plaint, "My bowels never move unless I take medicine."

Of course, not all cases of constipation are amenable to massage treatment, and in some cases it is positively contraindicated. A nurse is not a diagnostician, and she must therefore trust to the wisdom of a physician as to the desirability of employing it at all.

When there is considerable fecal impaction it is better to give one or more colonic flushings with normal-salt solution in addition to the massage. Kleen reports excellent results from ventral kneading (circular frictions) alone. Some authors give a greater variety of manipulations, to which they also add some of the Swedish movements.

The majority of patients upon whom the nurse is called to operate are nervous women, and to effect a cure it is often necessary to proceed with great caution and adapt the treatment to each individual case. Usually atony of the stomach and a torpid liver are concomitants of the constipation.

It is important that the patient relax completely during treatment; for this reason she is told to open her mouth and breathe freely; otherwise the viscera cannot be reached.

Rheumatic infiltrations of the muscles of the abdominal wall must necessarily be removed before any thorough kneading of the viscera is attempted. This can best be done by frictions executed in the direction of the muscle fibre.

Have patient lie on her back with her head slightly elevated, knees flexed, and thighs slightly abducted. A pillow may be placed beneath her knees. If the bed is not too high, the nurse may occupy a chair placed

at the patient's right. If there is much inflammation or abdominal tenderness, use gentle vibrations till it decreases or disappears.

With the volar side of the three middle fingers exert firm pressure and execute short circular frictions, "making the skin follow the excursions of the fingers," over the stomach from the fundus to the pylorus. Follow this with vibrations in the same direction.

Place left hand over liver and right hand over spleen, and execute a to-and-fro movement. Knead colon thoroughly over its whole extent with circular frictions, beginning at the cæcum. With the hand laid flat upon the abdomen, stimulate peristalsis by a rotary motion.

With fingers half bent, reach under the ribs in the region of the liver and give a vibratory lifting, beginning light and increasing in vigor; or put patient on her left side with her arms straight ahead of her and a pillow between them and knees flexed.

Place your left hand or forearm on patient's right scapula and right arm just above the crest of the ilium and execute a vigorous to-and-fro movement of the patient's trunk, moving your hands in opposite directions. Follow this with vigorous vibration, kneading, friction, hacking, and clapping.

Sittings should be had daily, and the length of time for each sitting will have to be determined by the discretion of the nurse. Ten to thirty minutes is quite enough for the whole procedure.

Treatments should be given very lightly or discontinued altogether during menstruation. They should not be given immediately after a full meal; two or three hours should elapse.

In some instances chronic constipation of several years' standing may be cured by friction alone as recommended by Kleen; in others it will be necessary to employ all the manipulations mentioned above.

Some patients, particularly very nervous ones, make better recoveries where the abdominal massage is combined with general treatments.

It is not wise to promise recovery at a specified time. Some patients show marked improvement in two or three weeks, while others require months. Some are so weak at the beginning of treatments that only very light massage and short sittings are possible. Others have considerable abdominal tenderness or rheumatic infiltrations of the abdominal muscles, which must be removed before any kneading of the viscera can be attempted. Very nervous women will sometimes insist that they are too weak and delicate to have vigorous treatment. It is occasionally impossible to get the patient to relax at all. In these latter cases the nurse can do very little, and recovery should not be promised.

In some of the above cases the nurse can accomplish a good deal if she will proceed very cautiously and manage to get the patient's confidence.

Chronic cases require many more treatments than acute ones. Naturally, when only very mild treatments can be given more time must elapse before recovery. Cheerful, reasonable patients usually recover more rapidly than morbid ones.

Treatment should not be discontinued as soon as normal defecation is established, though while sittings should still be had regularly for a while, they need not occur daily. Two or three times a week will suffice. On discontinuance instruct the patient on the necessity of going to stool regularly and on the importance of having a few treatments whenever any recurrence of the malady takes place.

The prognosis is less favorable in fatty subjects, owing to the thickness of the abdominal walls and consequent inability to reach the viscera through them.

It is neither necessary nor wise to cause the patient much pain. If rightly performed, considerable pressure may be used without producing any discomfort.

No lubricant is necessary.

A WORD TO THE MOTHERS OF DEAF CHILDREN

Every mother of a deaf child wishes that child to speak and understand the speech of others, and there is no adequate reason why this wish should not be gratified.

No deaf child will ever learn to speak or understand speech by its own unaided efforts. To attain the highest possible excellence, the training should begin very early. It is necessary, therefore, that the mother should learn the condition of her child's hearing at as early an age as possible. I have met frequent instances where the age of four years was reached before the parents discovered the deafness, or at least were willing to acknowledge that the child needed special attention. It is a great mistake to delay a careful investigation, for the sooner the defect is known the more likelihood there is of being able to remedy it. Every mother should carefully observe her child between the ages of six and eighteen months, with a view to determining whether all the senses have a normal degree of perfection. If she then suspects that hearing is not acute, she should at once consult both an aurist and a competent oral educator of the deaf. If the aurist cannot do anything, the educator can often do much, and can always offer suggestions which will supplement the work of the aurist.

To determine the true situation with regard to the hearing of a child less than two years of age is not the simple matter it might easily

appear to be. To reach a thoroughly trustworthy decision in such a case requires considerable experience and some ingenuity. The simple tests of calling or clapping the hands when the child is not looking are often misleading. A child with acute hearing will frequently take no notice of these sounds if its attention chances to be otherwise engaged, and I have several times seen a totally deaf child turn upon such an occasion either as a coincidence or from perceiving vibration, to which they are often surprisingly sensitive. There are also several mental defects that simulate deafness very closely, but, of course, require entirely different treatment.

If a mother wishes her deaf child to be as little unlike other children as possible, she must have him taught by the best pure oral methods, avoiding all forms of manual instruction, and she should have the final goal in view from a very early day.—JOHN D. WRIGHT, *The Nursery.*

THE EXERCISE OF INGENUITY

To remove a ground-glass stopper from a bottle, put a piece of cord around the neck of the bottle once and pull the cord quickly from side to side. The bottle will become heated and expand slightly, when the stopper may be easily removed.

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During the period of illness, a chamber in which a patient is confined should be freely ventilated, so that its atmosphere is constantly changing and replacing the closeness, so universally prevalent during a course of fever, by fresh, pure air,—a comfort to the patient and a protection to all others. How this is to be done depends much upon the ingenuity of the nurse. Many sick people are afraid of "fresh air" and have to be urged to take it, much as if it were medicine, but something can be done towards convincing them by always speaking of it as "clean air." This term will often appeal to the patient when that of "fresh air" utterly fails. This air must find entrance to the sick-room in some manner; it may be done by windows, transoms, doors, ventilating flues, etc. Any nurse will be unworthy her title if she fail in this particular, even though circumstances caused by the construction of the building are not in her favor.

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The ingenious contrivances which the private-duty nurse evolves are often quite as amusing as useful. One very successful nurse called to a patient with eclampsia, living in a farm-house, faced an order to

"give the patient a sweat." Moist heat sounds easy, but how? no rubber sheets, patient too ill to sit up in a chair, no alcohol lamp to give vapor bath, no bricks to heat in an oven and put around her—nothing but patient, bed, and blankets. Finally the nurse, after visiting the kitchen for inspiration, went out to the barn, and there she saw a crib full of corn, and at once had a bright idea. She filled the wash-boiler half full of water, adding thirty or forty ears of the field corn. When it was boiling she put a double blanket under the patient, a single blanket over her, and then put the steaming ears of corn at the sides, covered all with more blankets, gave the patient a hot drink and a cold compress to her head, and the sweat was a wonderful success.

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For wakeful, restless patients not suffering from pain a nurse may do much to induce sleep without drugs.

First, a sponge-bath, change of bed and body linen, brushing hair, thorough ventilation, a hot drink with cracker or bit of bread, and, last, turning patient on the side, pulling up gown or night shirt to expose back and shoulders, and sponging spine its whole length with hot water, long, even, downward strokes for fifteen or twenty minutes. A large sea-sponge is best, as it wrings easily. Have plenty of hot water that it may be renewed, and when through let the patient be alone until he falls asleep. All of this may be for nought if the nurse be one of the heedless, awkward sisters who forgets that she has many little things to do afterwards and thus disturbs the patient with footsteps and moving about the room.

EDUCATIONAL

IN CHARGE OF

ISABEL HAMPTON ROBB

THE TEACHING OF MASSAGE TO PUPILS IN HOSPITAL TRAINING-SCHOOLS

By HELEN CONKLING BARTLETT

Instructor in Massage Johns Hopkins Hospital Training-School for Nurses and Graduate of the Training-School

For the best understanding of the subject before us, *i.e.,* to what extent and how shall nurses be taught massage? there is first desirable an introductory consideration of the general province of mechano-therapy,—the science of which massage is a part and of which it is popularly often a synonym,—together with something of the training of specialists in this work.

Mechano-therapy, in exact definition massage and medical gymnastics, is a method of healing existent in some form during all history. In approximately the last decade it has undergone radical revision, and through a perhaps exceptionally slow evolution has reached a definite status. It is, in brief, a department of the science of medicine, circumscribed, indeed, but of distinct and acknowledged value. The practice of mechano-therapy, no longer, as in earlier struggles for recognition, performed of necessity by the physician himself, is controlled now by him, but assigned to an assistant.

There continues, of course, much general ignorance and distrust of a therapeutic measure for long almost given over to quackery, and the present work, certainly in America, of both teachers and practitioners, is in many ways still that of the pioneer.

In broad classification there are three systems or schools of mechano-therapy,—Swedish, German, and American. These schools, whatever their inherent minor differences or the diversity of opinion which may be held as to their relative merits, are agreed as to certain necessary qualifications for specialists, without which proficiency is not deemed possible. These are, first, a good touch in massage, *i.e.,* a touch perceptive and efficacious as well as agreeable; second, sufficient theoretical knowledge to detect abnormal conditions and to distinguish between serious and less serious symptoms; and, third, essential alike for normal changes and

for the emergencies of practice, an infinite fund of resources which can only be the result of individual experience. The shortest length of time in which it is possible to reach this standard and to establish a firm foundation in anatomy and kindred subjects is one year of concentrated effort. The importance of this is made greater by the necessity of gaining experience under supervision. Where the training is shorter, much must be left to post-graduate and consequently to optional development. Where it is longer, upon the other hand, it will be found that the curriculum is usually lengthened also, and by branches not strictly imperative, such as an extended course in physical culture, etc.

In returning now to our special subject, the teaching of massage to pupils in hospital training-schools, it should be evident that the course of instruction as above described must be here to a considerable degree curtailed. The two professions, massage and nursing, are parts of a single purpose,—the care of the sick,—but it cannot too forcibly be emphasized that each is a distinct specialty. The points at which they touch, and in which it is important for the nurse to be as carefully trained as in other details of her work, will be later named, but as specialties it is both impracticable and undesirable to attempt to include the one within the other. The duties of each are physically too exacting to combine in practice. The knowledge of anatomy required is more extensive than that necessary for the nurse, and both continuous and concentrated effort are essential to retain as well as to acquire a skilful touch in massage.

A forcible statement of such facts as the above is necessary, for the reason that it is still by no means uncommon to find the practice of massage as a specialty undertaken by nurses upon the insufficient basis of an abridged course of instruction designed for a totally different object. The danger of half-knowledge, always a matter of serious moment, has raised in some minds a strong opposition to other than purely theoretical teaching in massage to pupil nurses, *i.e.,* a series of lectures with demonstration, but strictly without class practice. This method must be objected to because of the many instances in which massage, or, if so designated, *rubbing,* is already distinctly one of a nurse's duties. To make this rubbing an intelligent process, in some degree to extend its scope, and to teach economy of effort is clearly of great importance. This is the object designed in the following suggested course of training. Such a course, it is believed, if its exact province is first firmly established in the minds of the pupil, will occasion none of the difficulties which have been named.

It is, however, by no means easy to define just where the distinction must be placed between the massage of nurse and of specialist. Possibly the most definite rule is to restrict the former to routine work, *i.e.,*

to treatment that has not from time to time to be variously amended, or, in complicated cases, to such treatment as may intervene between the visits of the specialist, and may therefore be supervised and regulated as needed.

As the best safeguard against the ill-effects of partial instruction, it is urged that a broad theoretical stamp be given to the curriculum used, in order to create an appreciation of the whole subject, despite the fact that only the rudiments can be mastered.

The necessary condensation for this purpose is obviously difficult, but in lieu of a text-book at once comprehensive and not too advanced for beginners, much can be done by a careful dictation of essential data, namely, definitions, classification, physiological effects, therapeutic uses and contraindications, while for the rest an outline should be made, of which cursory notes are to be taken and enlarged from memory. Occasional class papers are strongly recommended, as making tangible both the difficulties and the mental grasp of the pupils and as enabling the instructor to meet her class most individually.

Concerning the curriculum from its practical stand-point, there must be also the full scope of work set forth prominently, but more especially it is important that a little be given thoroughly, viz., the groundwork of the fundamental manipulations common to all schools, while development is concentrated along the lines of nursing, *i.e.,* upon the stroking movements, of which all should be given, and upon the simpler and more adaptable manipulations of kneading. There is further necessary some use of passive and resistive exercises, and, from the first, practice in percussion as an aid to suppleness.

In regard to the length of this course of training and its several details, it is first important to secure small classes, or to divide a class into sections, that each nurse may the better receive individual attention. These sections should consist preferably of not more than from ten to twelve pupils, and are, of course, more satisfactorily handled if smaller. To each section from twelve to fifteen lectures or class demonstrations of one hour constitute, it is believed, the best average period to be emphasized, the full course covering approximately from six to eight weeks. A longer course should hardly be necessary if the details of instruction are carefully systematized. A shorter course cannot be sufficiently thorough to be of the desired practical service previously specified.

In the apportionment of class work, one-third of each hour, as a general rule, may be given to theoretical teaching, the remainder to practical work. Until the rudiments are grasped it is best to concentrate the attention of the class upon the work of each nurse in turn, or of two pupils similarly employed, and with current question and comment to

sustain general interest. As the course advances a varied clinic may be developed; by suitable arrangements, cases in both general and local, or surgical, massage, ward and dispensary patients being utilized.

In the interval between classes the treatment of the ward patients may be continued, being assigned in turn to the more proficient pupils, and supervised, as required, by the instructor.

At the end of the course a practical examination should be given, followed later by one upon theory, the final class marking being an average of the two examinations and of the general class-work.

Where the instructor in massage is resident in the hospital, the work of the pupils subsequent to the definitely scheduled course of training may be variously continued in ward or dispensary practice. This is of obvious advantage to the pupil. It differs from a longer course of training in that an extension of the abridged curriculum is not attempted, but solely that the work previously undertaken is more thoroughly grounded.

CHILDREN'S DEPARTMENT

IN CHARGE OF

LOUISE C. BRENT

THE CARE OF CHILDREN'S TEETH

By A. E. WEBSTER, M.D., D.D.S., L.D.S.

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It is often said, "Why should we have teeth at all? They cause us pain while they are coming, and pain and discomfort until they are gone." These conditions are not normal, and do not exist if all the functions of the body are acting properly.

There is no reason why dentition, which is undoubtedly a physiological act, should be painful. Everyone knows that second dentition is rarely, if ever, a painful act. Why should first dentition be much more frequently so? It has been shown with a good deal of care that the so-called diseases of dentition bear in frequency of occurrence a close relation to the condition of the food given children in the different seasons of the year.

It has been found that the regurgitations of food, colic, diarrhœa, and dysentery, with their train of consequences, which were one time said to be due to teething, are more frequent in the warmer seasons. The only reasonable conclusion is that these conditions are not due to teething at all, and are most likely due to faulty feeding.

There should be a clear distinction made between those diseases which are or ever may be the result of improper feeding and the nervous disturbance caused by retarded or impeded dentition. The pressure that may be exerted upon the pulp of the tooth by nature's effort to force the tooth through the hard, fibrous gum tissue may cause serious complications, but these will necessarily be of a reflex nervous character. A diarrhœa may result, but it will not resemble that produced by digestive disturbances. The child will plainly show nervous irritation; it will suddenly awake from sleep, perhaps with a scream. There will be spasms of the facial muscles, and pain will be followed by intervals of entire relief. The mouth will be alternately moist and dry. Appetite will be variable. There will be present a peculiar fretful condition. It will be afraid to bite upon anything whatever, which is in marked con-

trast to the condition in alimentary disturbances only, where the child will bite the finger or a rubber ring. If the mouth be examined, the gums about the advancing tooth will be found swollen, red, turgid, and exceedingly tender to the touch. The mucous membrane will have lost its normal appearance, and the child will be markedly nervous while its mouth is being examined. Deep crucial incisions should be made over the advancing tooth, if it be a molar, while a longitudinal one will answer for incisors. If the diagnosis of the condition was correct and the incision sufficient, the relief will be immediate. When conditions are extreme, sedatives are necessary.

To know when an advancing tooth is likely the cause of existing disturbances, it is necessary to know at what age each tooth erupts. No definite date can be set for the eruption of a tooth. Children are not infrequently born with the incisors erupted. In most such cases it is advised to extract such teeth because they are a source of irritation to the nipple in nursing. If the child be otherwise fed, there is no necessity for extraction.

Again, some children's temporary teeth do not begin to erupt until the second or third year.

Generally speaking, however, the temporary teeth erupt as follows:

Centrals		6 months	of age.
Laterals	7 to 9	"	"
First molar	12 to 15	"	"
Cuspid	15 to 18	"	"
Second molar	24 to 36	"	"

The temporary teeth are usually well developed and well formed and regularly placed in the jaws. Very occasionally will the enamel be defective, and almost never will there be any irregularity, which is in marked contrast to the condition of the permanent set. It is the duty of the nurse to see that these little teeth are well cared for. There is no time in life when a perfect masticatory apparatus is more needed than in the developmental period. The general waste of the body is to be maintained, while at the same time a gradual development must be provided for. Once maturity is reached, defective mastication has not such far-reaching consequences. The child should have no annoyances and discomforts that tend to interfere with the development of a perfect nervous organization. If it has a sore tooth here and a sore finger there and something else wrong some place else, it is always on a nervous strain from fear and pain. Comfort is essential to perfect development.

If the temporary teeth are allowed to decay and become prematurely lost,—as is sometimes the case, I am sorry to say,—the child forms faulty habits of mastication that may remain for years after better teeth

are provided. Mastication being impossible because of sore or defective teeth, the food is bolted. Digestive disturbances not infrequently follow, and drugs are resorted to for the relief of the trouble even without any thought of the condition of mastication. Children often go for months and even years without being able to eat a meal in comfort. For a time at first a child may often cry out from pain during a meal, but later it learns not to cause itself pain by biting hard substances, and the friends think that all source of trouble has passed away. What is really occurring is the swallowing of the food without its being masticated at all. The most perfect cleansing of the mouth and teeth is done by the proper mastication of solid foods. Where mastication is imperfect from any cause whatever, the mouth is unclean and the teeth decayed. Food is allowed to lodge about the teeth without disturbance, micro-organisms develop, and decay of the teeth is the result. It is a poor policy to pour medicines into the stomach for the treatment of diseases due to micro-organisms which must have gained entrance through the mouth, and, in fact, were developed there owing to the existence of the proper conditions for their growth. Many alimentary infectious disturbances are directly traceable to faulty mastication.

Parents and guardians are always anxious to know if the second teeth will be good, or "Will they be straight?" as they put it. A perfect thing is rarely developed with imperfect surroundings, and yet we sometimes see fairly well-developed teeth in most unexpected places. The rule is, however, that if the temporary teeth be decayed and neglected, etc., permanent ones will meet the same fate. There are so many permanent teeth present before all the temporary are lost that they are sure to have the beginnings of decay if it is present in the temporary. The condition of the temporary teeth has its greatest influence over the development of the jaws and the proper arrangement of the permanent teeth to follow. Where the temporary teeth are prematurely lost, the jaw does not develop sufficiently to contain all the permanent, hence there will exist a sunken appearance of the mouth, while the teeth will be crowded together, making a most unsightly appearance. If abscesses form on the root of the temporary tooth, they will not be absorbed in the natural way, and when the permanent tooth erupts it will be compelled to locate itself beside the temporary one.

To repeat, the temporary teeth must be carefully attended to to insure perfect physical development; to prevent not only their decay, but also decay of the permanent set; to insure correct habits of mastication and proper oral hygiene. Children should be taught quite early to cleanse the teeth and mouth. They should be instructed as early as two years of age to take water into the mouth after a meal and force it

back and forth between the teeth from the lips and cheeks to the mouth. They can be taught to use the tooth-brush. It must be borne in mind that the tooth-brush, to be effective, must be used correctly. The handle and that portion in which the bristles are placed should have a slight curve. The bristles should be of unequal lengths, with a bunch of long ones at the end. The brush should be passed into the mouth over the upper molars and bicuspids and rotated downward, while on the lower it should be rotated upward. The rows of long bristles will then pass in between the teeth, where it is so essential to get perfect cleanliness. The lingual sides of the upper teeth should be brushed downward and the lower upward as above described. The back-and-forth sawing motion is objectionable for several reasons. If a grit be used on the brush, the teeth will be cut into furrows and the gums will be more or less torn, according to the stiffness of the brush and the violence of the operation. Micro-organisms will develop only where they have a degree of rest. Where food and the tongue and lips rub against the teeth decay rarely occurs, but it is in the secluded spots where decays have their beginnings. Hence the necessity for allowing the brush to pass as much as possible between the teeth. Floss silk may be passed between the teeth to remove particles of food that may have found lodgement. Care must be exercised not to allow the ligature to snap down upon the gum between the teeth, so as to injure it. Perfectly normal gums should not bleed from ordinary vigorous brushing. If they do bleed, however, it is very good evidence that there is some irritation around the necks of the teeth, such as pieces of tooth-picks, tartar, etc. In such cases immediate removal of the foreign substances is imperative. If allowed to remain, pus pockets may be formed which will sooner or later cause the loosening of the teeth.

It is often asked, "What tooth-powder is the best?" Tooth-powders and pastes serve the same purpose as the salt in the bath which is so commonly recommended for the ordinary dispensary patients. It is the clean skin the patient needs more than the salt, so, in the other case, it is the clean mouth that is needed more than the powder To wet the brush in ordinary water before using is sufficient. Powdered pumice-stone may be used on a damp brush to remove any stains. Pumice must not be used too frequently. A disinfectant mouth-wash is very desirable where conditions demand it. If a child regularly cleans its mouth and teeth, a habit will be formed which will bring both pleasure and comfort.

Decay of the teeth is the result of bacterial growth. This being true, it is the plain duty of those in charge of children to see that their mouths are kept in a hygienic condition and that the teeth be regularly

examined for beginning caries. If they be frequently taken to the dentist to have their teeth examined when as young as three years of age, they become so accustomed to going that when filling operations are required they will not approach them with dread. No thoughtful parent will allow ghost-stories and fearful stories of wild animals to be told their children, yet how frequently children are told blood-chilling stories of the horrors of the dental chair. If a child has heard none of these stories and has been in a dental office often enough to be acquainted, it can be made to bear pain with more fortitude than a grown person. But the steps must be gradual. How sad it is to see a child who has had a tooth-ache for a day or two, and perhaps heard the history of the horrors of all the tooth extractions in the neighborhood, dragged into the presence of a physician or a dentist for the first time. Perhaps it is to have a permanent tooth extracted. Such a child goes away with the firm resolution that it will never go there again. The result is that its teeth are allowed to decay beyond hope of repair, perhaps. Such a child has been maltreated through the ignorance or neglect of both parents and the one who caused the fright that prevented it from caring for its teeth.

Decay of the teeth is essentially a disease of youth. Anyone who reaches maturity with a good masticatory apparatus is almost certain not to lose his teeth by decay. Everything points to the necessity of caring for the teeth of the young. No person should have to go through life defective in development and health or maimed because of neglect during an irresponsible period of life. Surely the responsibility rests with parents and guardians, nurses, and perhaps the State.

In cases where children's temporary teeth have been allowed to decay until the pulps are exposed and painful, it might be well to mention some means of giving relief. Generally speaking, the milk-teeth are not so painful, no matter what is wrong with them, as are the permanent ones in the same condition. To intelligently treat a case it is necessary to ascertain whether the pulp of the tooth is dead or alive. If it be alive, the pain is usually excited by food wedging into it, by cold water or anything hot, by running or playing in the cold air. If cold excited the pain, warmth will relieve it. If a foreign body caused the pain, its removal will give relief. It may be that the pain will come on at night or be excited by anything sweet. In all such cases remove the exciting cause, and relief is almost certain; but the cases that come on without apparently any immediate exciting cause require different treatment. The cavity in the tooth should be located and washed out with tepid water. Next dry it out with cotton held on the point of an explorer or probe, and then apply a small pledget of cotton soaked in equal parts of oil of cloves and pure carbolic acid. Over this place a piece of dry cotton.

If the pulp is dead, the conditions are vastly different. The pain will be more continuous, the tooth will be sore to touch, the gums will be swollen in the later stages. At a certain stage cold will relieve the pain and heat intensify it, later still heat may give relief. These symptoms indicate beginning of abscesses. Often abscesses will form on the roots of the temporary teeth and go on to the formation of fistulæ without much pain. Children often go for months with lame teeth upon which they cannot bite, while at the same time there is pus exuding into the mouth from several "gum-boils" over the roots of such teeth. This continuous swallowing of pus cannot be wholesome, to say the least. In the early stages of abscess formation, which is the only time throughout their whole course in which they are painful, relief may often be given by a warm foot-bath or by opening into the pulp cavity of the tooth that seems to be sore to the touch. Hot water held in the mouth or painting the gums with iodine will often give relief. If these methods fail, sedatives may be administered. At the earliest opportunity the child should receive dental treatment, which will give it entire relief.

Generally speaking, the public do not understand that the temporary teeth ought to be well cared for because of the influence they have over the permanent teeth to follow. These same people are not likely to know the difference between a temporary tooth and a permanent one, and as a consequence a child's permanent teeth are often allowed to decay, when if the parents only knew the condition they would have them properly attended to. It is safe to say that not one parent in twenty knows that a child erupts four permanent molars just behind the temporary ones at six years of age. These molars are the most important teeth in the mouth, and the most frequently decayed and neglected. If a child between the ages of eight and twelve has toothache, in ninety per cent. of cases it is caused by the first permanent molars. These teeth are the most frequently decayed because they are so often defective in structure and in an unhygienic mouth, associated with decayed temporary teeth. At twelve years of age four more permanent molars erupt posterior to the four first permanent molars, and later the third molars, or wisdom teeth, present themselves. It must be borne in mind that the twelve permanent molars erupt posterior to the temporary molars, and that the eight bicuspids take the place of the eight temporary molars. No greater service can be done a child than to see that his first permanent molars are properly cared for. By the time the other permanent teeth erupt and need attention other than by his own efforts he will be old enough to take the responsibility upon himself.

The symptoms and treatment of diseases of the permanent teeth are the same as of the temporary. There is this difference, however, the

pain is more severe and the consequences farther reaching. The inflammatory condition surrounding a first permanent molar is often so intense that there are marked general symptoms. The swelling is often very marked, pus is abundant, an osteo-myelitis is frequent, and large portions of the jaws are often lost. Then again the pus often burrows through the bone and soft parts until it finds an opening on the face. These openings give relief by affording drainage from the pus cavity. In all cases where an alveolar abscess has opened upon the face there remains when healing has taken place a decided dimple or depression where the skin is dipped in until it is in contact with the bone. Where there is an acute alveolar abscess with much swelling and a tendency to point on the face, the region should be painted with flexible collodion to prevent such a misfortune. Hot poultices are contraindicated in such cases. Every effort should be made to induce the abscess to open in the mouth. The free use of the lance is of great service in that direction. It is not necessary to extract the teeth because an alveolar abscess exists, even if there be a fistulous opening on the face. These may be treated by injecting fluids into the tooth that will pierce out through fistulæ on the face.

To sum up: perfect teeth are essential to perfect mastication, perfect mastication is essential to perfect hygiene of the oral cavity, perfect hygiene of the oral cavity is essential to perfect digestion, and perfect digestion is essential to perfect development.

PROGRESSIVE MOVEMENTS

IN CHARGE OF

LUCY L. DROWN

A SUCCESSFUL EXPERIMENT

[The writer of the following article (J. C. Sleet) is a young colored woman and a trained nurse, whose genuine altruism and intelligence in social reform work has impressed with admiration her acquaintances and friends, one of whom ventures, without her knowledge, to make this record of her work.

Miss Sleet was trained at the Providence Hospital in Chicago (a hospital for colored patients, and having also a very good training-school exclusively for colored women to be trained as nurses), and came to New York filled with determination to work among the neglected ones of her own race, wishing to be more to them than just their nurse in times of illness, hoping to live in their midst and cheer and influence their lives in many ways.

She visited the different settlements to inquire how best to go about accomplishing her purpose, and was taken on the nursing staff of the Charity Organization Society, to whom the following report is addressed. She hopes before long to be able to adopt the " settlement" plan of life on the west side.—ED.]

I BEG to render to you a report of the work done by me as district nurse among the colored people of New York City during the months of October and November. I have endeavored to search out the families in which there was sickness and destitution. But I have never hesitated to visit anyone when I have felt that a word of advice or a friendly warning was all they needed.

I have visited forty-one sick families and made one hundred and fifty-six calls in connection with these families, caring for nine cases of consumption, four cases of peritonitis, two cases of chicken pox, two cases of cancer, one case of diphtheria, two cases of heart disease, two cases of tumor, one case of gastric catarrh, two cases of pneumonia, four cases of rheumatism, two cases of scalp-wound.

I have given baths, applied poultices, dressed wounds, washed and dressed new-born babes, cared for mothers. When there has been an intelligent member of the family on whom I could depend, I have instructed them how to care for the sick one. When there was no one, as was often the case, I have made daily visits if the case required it, caring for them until they were able to care for themselves. Whenever I have felt it advisable, I have urged them to go into hospitals. Five of them received hospital treatment; two were placed in the Colored Home and Hospital, two in Bellevue, and one in the Presbyterian Hospital.

A number of societies, churches, and physicians were visited, the plan of work láid before them, and in every instance it met with their approval. They felt that it was a much-needed work and promised their hearty coöperation. Twenty-eight visits of this kind have been made.

Before closing I would like to speak briefly of two of the cases which have greatly interested me, and in which I have positive proof of good results:

L—— K——, ——th Street, a young woman aged twenty-eight, complete paralysis of the left side; destitute, without any means of support, depending on her friends for food. After some persuasion she consented to go to the Colored Home and Hospital. Her recovery is very doubtful. The probabilities are she will never again be able to work and support herself and child, a girl of thirteen years. They have no relatives. The girl stands alone. No one appeared to have any interest in her excepting a woman in the next house, who has made it her business to be particularly nice to her, thus winning her affection and good-will. On investigation I found the woman is not a fit person to have a child, as she is not a person of good morals. I asked the mother to let me have the care of her child; this she consented to do. She was then placed in a respectable family, the woman promising to care for her until I could place her in an industrial school, which I hope to do early in January. I visit the home from time to time and am satisfied that the child is protected from those who would injure her. In this case I think I can safely say good has been accomplished.

B—— S——, a consumptive, twenty-seven years of age, with no means of support, a little girl of three years, and a mother sixty-five, lived in three small rooms, —— Street. The three persons occupied the one room and slept in the same bed, the sick woman refusing to be separated from her child for a few hours. After I had visited the family a few times I succeeded in convincing the mother that she was endangering the life of her child. On my advice, she agreed to occupy the room alone, permitting the others to sleep in another apartment. A marked improvement was noticeable in other directions. The sputum was always carefully covered and a window lowered from the top whenever the weather permitted. The mother of the sick girl did not ask for relief, but that assistance be given her in obtaining work. I was successful in finding her work for ten days to do house-cleaning. The lady became interested in the family, and procured for the daughter the services of a specialist, who gave her every attention. The mother earned sufficient to pay a month's rent which was overdue, thus keeping her little home together, which was on the verge of going to pieces. The daughter, who passed away a few days ago, was made comfortable up to the day of her death.

Other cases might be spoken of, but the above is a specimen of the work which has been going on during the past two months. I cannot but feel that this house-to-house visiting, these face-to-face practical talks, which I am having with the people, must bring about good results. They have welcomed me to their homes, saying, "We don't know you, but we belong to the same race." They have listened to me with attention and respect, and if the advice which I gave was not always accepted, in no case was it rudely rejected.

THE AMUSEMENTS OF THE INSANE

NOTHING illustrates more vividly the revolution in the methods employed in caring for the insane than the subjoined portion of the programme for "Field Day" at one of our State hospitals. The visitor present on one of these occasions would hardly know that he was in the midst of a community afflicted with insanity. The orchestra, composed of men patients, plays quite as well as the ordinary country band; the patients, sitting under the trees or grouped about the dancing-pavilion and tennis-courts, look cheerful, tranquil, and happy. While there are some ways in which civilization seems not to have gone as far as it might, this kind of evidence gives an inspiring assurance of the final triumph of a humane intelligence:

PROGRAMME OF EVENTS AND PRIZE LIST.

Music by the Hospital Orchestra.

1. EGG RACE.....Women Patients
First Prize, Pair of Gloves; Second Prize, Fancy Apron; Consolation Prize, Silk Handkerchief.

2. RUNNING RACE—FIFTY YARDS.....Men Employees
First Prize, Hand-Bag; Second Prize, Pocket-Book; Third Prize, Silk Neck-Ties.

3. BOWLING CONTEST.....Men Patients
Prize, Suspenders for Winning Side.

4. TETHER-BALL CONTEST.....Women Patients
Prize, Silk Parasol.

5. RUNNING RACE—TWENTY-FIVE YARDS.....Women Patients
First Prize, Silk Parasol; Second Prize, Silver Cuff Buttons; Consolation Prize, Silk Handkerchief.

PROPHYLACTICS

IN CHARGE OF

MARY M. RIDDLE

RECENT DISCUSSIONS OF PULMONARY TUBERCULOSIS IN THE MEDICAL JOURNALS

ARRANGED BY DELIA KNIGHT
Graduate of Boston City Hospital

I.

FALLACY OF CLIMATE IN TREATMENT OF TUBERCULOSIS

THE change in the trend of thought among physicians concerning the treatment of tuberculosis must be interesting to every nurse, but especially so to those who have travelled South and West and witnessed the misery of sojourners there who have pulmonary tuberculosis and no money. I recall one such person too weak to talk, yet he was forced out of a hospital in California and placed upon the home-bound train lest the death-rate of that hospital should be increased by his remaining a few weeks longer.

Our first extracts are made from the paper of Dr. J. W. Kime, printed in the Philadelphia *Medical Journal:*

"A mistake that is far-reaching in its consequences in the treatment of tuberculosis is the popular and, I regret to say, professional error that a specific climate exists and is of great importance in the therapy of this disease.

"Happily, Colorado and California have proclaimed that the Utopia sought does not there exist, that the land where climate alone brings health is to them unknown.

"Sadly have they learned that not only do the strangers die, but, dying, leave behind an awful heritage that threatens the prosperity of their Commonwealths. The native-born of every climatic resort are alike afflicted with this malady, but, seized with the fatal belief that somewhere exists the specific sought, they flee to die as others do, 'among strangers and in a strange land.'

"These same patients kept at home, with the comforts of the home life, under the careful supervision of an intelligent physician, would live

longer and die more comfortably and more content than where, far from home and friends, their declining days are passed alone, homesick and heart-sick, among those whose only interest in them is a financial one. It is far more important that every act and every movement of the phthisical patient be directed by the physician, than that a little rarefied air be breathed on some barren mountain peak.

"With the exercise of proper care and proper intelligence, there is no climate in this country that is not well adapted to the treatment of tuberculosis.

"The ultimate solution of the tuberculosis problem lies in the direction of the special sanatoria that are being constructed all over the country and all over the world, and is wholly independent of the question of climate. It is in these institutions that the best results are secured, both to the patients themselves and to the State at large. A much greater percentage of cases will be cured in these institutions than will ever be favorably influenced by the most noted of climatic resorts.

"It is not a question of climate, of elevation, of heat or cold, of dryness or of moisture. Wherever an abundance of God's pure air and sunshine may be had, there may this disease be successfully treated. Results are the same in the high latitudes of Sweden, in the forests of Germany, in the mountains of Switzerland, in sunny France and Italy, and in the humid climate of the British Isles. In our own country like results are now obtained on the lower Hudson, on the coast of Massachusetts, in the Adirondack region, and in the Carolinas."

II.

OPEN-AIR TREATMENT OF PHTHISIS

J. FLETCHER LITTLE AND F. W. FORBES ROSS

"A man of twenty-four, with tuberculosis, went to South Africa, where he did not improve. Upon his return to England he was extremely emaciated, there was cough, and profuse expectoration filled with tubercle bacilli; there was a cavity in the left lung, consolidation of both apices, and ulceration of the larynx. The temperature was high. After failure to improve in a hospital he was sent home, where he carried out the open-air treatment. In five weeks he had gained five pounds, and was then sent to an institution where the open-air treatment was continued. In the course of some months he had increased very considerably in weight, the cough and night-sweats had ceased, there was very slight expectoration, and the patient was apparently cured. A few tubercle bacilli, however, could still be found in the sputum."

III.

RESPIRATORY GYMNASTICS MAY BE SUBSTITUTED FOR HIGH ALTITUDE

[From the *Albany Medical Journal*]

"Parker Murphy insists that a proper system of respiratory gymnastics is very essential in the treatment of tuberculosis. This is especially necessary for persons leading a sedentary life, and who for that reason are denied the invigorating fresh air and the deep, full respiration induced by vigorous exercise. He says the splendid results of high altitude in the treatment of tuberculosis have not been due to any curative constituent of the atmosphere or any peculiarity of temperature, but entirely to decreased barometric pressure upon the external surface, compelling a greater expansion of the chest, opening up a larger surface for the interchange of gases, and consequently a greater oxygenation of the blood. It is self-evident, then, that the forced distention of the lungs and bronchi in those who live in high altitudes alone confers immunity against the disease. The exercises available to produce better respiration are very numerous and varied, but the underlying principle is simply to bring into more vigorous play the muscles which expand the thorax and at the same time excite deep, full, and free breathing, to bring the vital force of the lung to its maximum. All exercises of the thoracic muscles for the purpose of producing an increase in that cavity must at the same time be coincident with deep breathing. The amplitude of the respiratory movements must be increased, the lungs must push out from within, as well as the thoracic muscles pull from without. We should labor incessantly in the advocacy of a more general use of physical training, so that the large lung surface necessary to our physically active and vigorous, savage ancestors may not become a redundancy when it is transmitted to our higher civilization, in which everything tends to produce a condition of physical inertia."

IV.

As far back as 1890, at the International Medical Congress at Berlin, Sir Hermann Weber, M.D., F.R.C.P., introducing the discussion on the "Climatic and Hygienic Treatment of Pulmonary Tuberculosis," expressed his opinion "that climatic treatment by itself was insufficient in most cases; that careful supervision and guidance of the patient by the doctor was necessary, and that, therefore, treatment in special establishments was to be preferred in the majority of cases, whilst for poor patients it was urgently required."

CONSTRUCTION, SANITATION, AND HYGIENE

IN CHARGE OF

M. E. P. DAVIS

EXTRACTS FROM THE PUBLIC STATUTES OF THE COMMONWEALTH OF MASSACHUSETTS CONCERNING VACCINATION

CHAPTER 80, SECTION 51.—Parents and guardians shall cause their children and wards to be vaccinated before they attain the age of two years, and revaccinated when the selectmen or mayor and aldermen shall, after five years from the last vaccination, require it. For every year's neglect the party offending shall forfeit five dollars.

CHAPTER 80, SECTION 53.—Towns shall furnish the means of vaccination to such of their inhabitants as are unable to pay for the same.

ACTS of 1898, CHAPTER 496, SECTION 11.—No child who has not been duly vaccinated shall be admitted to a public school except upon presentation of a certificate, signed by a regular practising physician, that such child is an unfit subject for vaccination.

[Application for free vaccination, by persons who are unable to pay for it, may be made to the clerk or agent of the board.]

AN ACT CONCERNING CONTAGIOUS DISEASES

ACTS of 1884, CHAPTER 98, SECTION 1 (as amended by Act of 1900, Chapter 102).—When a householder knows that a person within his family or house is sick with small-pox, diphtheria, scarlet fever, or any other infectious or contagious disease dangerous to the public health, he shall immediately give notice thereof to the Board of Health of the city or town in which he dwells, and upon the death, recovery, or removal of such person, such of the rooms of said house and such of the articles therein as, in the opinion of the Board of Health, have been subjected to infection or contagion shall be disinfected by such householder to the satisfaction of said Board of Health. Any person neglecting or refusing to comply with either of the above provisions shall be punished by a fine not exceeding one hundred dollars.

SECTION 2.—When a physician knows that a person whom he is called to visit is infected with small-pox, diphtheria, scarlet fever, or any other disease dangerous to the public health, he shall immediately give notice to the selectmen or Board of Health of the town; and if he refuses or neglects to give such notice, he shall forfeit for each offense not less than fifty nor more than two hundred dollars.

SECTION 3.—The Boards of Health in the several cities and towns shall cause a record to be kept of all reports received in pursuance of the preceding sections, and such record shall contain the names of all persons who are sick, the localities in which they live, the diseases with which they are affected, together with the

date and names of the persons reporting any such cases. The Board of Health shall give the School Committee immediate information of all cases of contagious diseases reported to them according to the provisions of this act.

SECTION 4.—The Secretary of the Commonwealth shall furnish the Boards of Health with blank-books for the record of cases of contagious diseases as above provided.

[The Board of Health considers small-pox, scarlet fever, measles, diphtheria, membranous croup, cholera, typhus fever, and typhoid fever to come within sections one and two of the above, but disinfection after measles and typhoid is not insisted upon.]

CHAPTER 80, SECTION 18.—The Board of Health of a town shall make such regulations as it judges necessary for the public health and safety respecting nuisances, sources of filth, and causes of sickness within its town. . . . Whoever violates any such regulation shall forfeit a sum not exceeding one hundred dollars.

NEW DRUGS

IN CHARGE OF

WILLIAM SCHLEIF, M.D.

Instructor in Pharmacy, University of Pennsylvania

DRUGS: THEIR USE AND ABUSE

A VERY convenient form to exhibit remedies is in the shape of pills, though this is necessarily limited to drugs which do not change when exposed to the air, are not volatile, and are not given in doses exceeding three grains for a vegetable and five grains for a pill composed of mineral ingredients. Pills have always been among the most popular of solid preparations, as they afford a ready means of administering substances unpleasant to the taste. In order to combine medicinal agents so that they can be shaped into pills, it becomes necessary to add some liquid or solid to form a mass from which the pills are moulded. This very addition often neutralizes all the advantages derived from their use, as the pills gradually harden and become insoluble. This applies not so much to the freshly made pill of the pharmacist, but to the machine-made product of the manufacturer, which may have rested on the druggists' shelves for a long time before it is called into use. It is often advisable to test such pills in reference to their solubility; especially is this indicated in the case of quinine. A pill should soften or fall to pieces if exposed to water for a reasonable length of time.

Capsules are employed when pills cannot be swallowed or a more bulky dose is to be given. Two varieties are found, the hard and the soft. Hard capsules are intended for solids and soft capsules for liquids. The former easily hold from five to ten grains of powdered drug, the latter are typically suited for volatile and fixed oils. Though a capsule is much larger than a pill, still it is swallowed quite as easily—at times even more readily—provided it does not exceed the size of the pill in its transverse diameter. The soft capsule is taken with less difficulty than the hard, and quite a number of patients can swallow a capsule containing seventy-five minims of cod-liver oil, though the capsule in such a case closely approximates a bird's egg in size.

Cachets—originally called *cachets de pain*—are an improvement on both pill and capsule. They consist of little, hollowed disks of wafer-sheet, so constructed that two can be fastened together by their concave surfaces to enclose a dry powder. The cachet is dipped for an instant in

water, when it softens, placed upon the tongue, and a mouthful of water will carry it down as readily as a raw oyster. Larger doses can be given in this way than by pill or capsule. The principle of the cachet can be carried out in the following manner: a small piece of wafer-sheet (the same that is sold as fish-food) is floated upon a glassful of water; as soon as it softens, it is picked up from below with a spoon. The softened wafer-sheet falls into the hollow of the spoon, the powder is placed upon it, the free edges of the sheet are folded carefully over the powder, and the whole swallowed before the latter has had a chance to dissolve.

Whenever it is possible medicinal substances should be prescribed in *solution,* and most *mineral* or *chemical* salts are given in this manner, preferably dissolved in water. This has the distinct advantage of possessing no therapeutic action of its own. But the vegetable drugs, like roots, barks, leaves, stems, fruits, flowers, and the like, must be prepared in some manner to render them suitable for administration. Their dose is usually so large that patients would object to taking them in the form of a dry powder. If the active principle is known, this is extracted and employed in a pure condition. Cinchona bark contains quinine, and two and one-half grains of quinine represent approximately the activity of one hundred grains of the dry bark. We prefer, therefore, to administer a small quinine pill instead of taxing the patient's digestive organs with a large quantity of the powdered drug in its crude state. In many cases the active principle has not been isolated and the drugs are extracted with some liquid, usually water, alcohol, or a mixture of the two. By the use of water, *infusions* and *decoctions* are obtained: infusions, if the drug be exhausted with either hot or cold water, while a decoction results if the mixture be boiled; in either case the liquid is strained. When a vegetable drug is extracted with alcohol (or alcohol diluted with water) a *tincture* is produced, and if this tincture be made of such strength that a minim represents a grain of crude drug (one hundred per cent.), it is called a *fluid extract.* All tinctures and fluid extracts contain alcohol; they therefore require dilution with water previous to administration. Alcohol is a good antiseptic, and preparations made with this liquid keep much better than those prepared with water, but the therapeutic effect of the alcohol should not be lost sight of. Many tinctures are given in doses ranging from a teaspoonful to a tablespoonful, and the quantity of alcohol they contain represents in strength at least an equal volume of whiskey or brandy. Consequently a patient may become a chronic tippler from the long-continued use of any tincture given in large doses, though it must also be said that the medicinal value of many pharmaceutical preparations depends in great measure upon the alcohol they contain.

HOSPITAL AND TRAINING-SCHOOL ITEMS

IN CHARGE OF

LINDA RICHARDS

THE exercises conferring diplomas upon the tenth class to graduate from the Johns Hopkins Hospital Training-School for Nurses were held in the Hall of the Physiological Building of the Medical School on the afternoon of May 24, at half-past three o'clock. The Hall was beautifully and lavishly decorated with palms and flowers, and was filled to its utmost capacity with friends and relations of the graduates and with Baltimore people, who have always maintained a keen interest in the work and progress of the Training-School.

The graduating class and the officers and teachers of the school, about fifty in number, were placed to the right of the platform.

The address to the graduates was given by Dr. Daniel C. Gilman, president of the Johns Hopkins University. He outlined the remarkable progress made by the profession of nursing, and encouraged still further efforts in the direction of better educational methods, more teachers, libraries, and facilities for improved work.

Dr. Henry M. Hurd, the superintendent of the hospital, prefaced the conferring of the diplomas with a brief address urging the wisdom of much liberality in planning courses of instruction for nurses.

The report of the superintendent of the school, Miss Nutting, covered the advances made in the school work since the graduation of the first class, ten years ago, and followed out briefly the work accomplished by some of the two hundred and thirty-seven nurses who have graduated from the school and are now occupied in professional work in various parts of the world.

At the conclusion of the ceremonies a large reception was held in the hospital grounds, where tents had been erected from which refreshments were served.

The following pupils were awarded scholarships:

Seniors.—Robina Stewart, Guelph, Canada; Mary McMaster, Winnesboro, South Carolina; Carolyne Van Blarcom, St. Louis, Missouri; Francina Freese, Cayuga, New York.

Intermediates.—Bessie Baker, New Market, Maryland; Eliza Dick, Sumter, South Carolina; Louisa Jack, St. John, New Brunswick; Ellen La Motte, Wilmington, Delaware.

Juniors.—Loula Kennedy, Freedom, Maryland; Amy McMahon, St. Catherine's, Canada; Grace Smith, Birmingham, Alabama; Reba Thelin, Baltimore, Maryland.

THE subject of State sanatoriums for consumptives is still agitating the public mind. Massachusetts and New York each have a Consumptive Sanatorium, modelled after those of Austria and Germany. An excellent Consumptive Home has been established near Philadelphia, and the Legislature of Minnesota has been considering a bill setting apart land for a Sanatorium for Consumptives, and appropriating one hundred and fifty thousand dollars for buildings and fifty thousand dollars annually for operating expenses. Maine is talking about a Consumptive Sanatorium, and the California Legislature has passed a resolution providing for the appointment of a Senatorial committee with authority to investigate the subject of consumption in the State, to report whether or not it is advisable to establish a hospital for consumptives, and, if so, to make suggestions with reference to a site and the amount necessary to be expended.

Professor J. T. Rothrock, a physician and a botanist of world-wide fame, now State Forestry Commissioner of Pennsylvania, has a plan for utilizing the forest reservations of his State for the care of consumptives. He would establish camps in suitable places in these forest reserves where consumptives could spend the summer months and have the advantage of pure air and an out-door life. Dr. Rothrock has already money enough subscribed to cover the expense of such camps. "The patients," he says, "will be furnished shelter free, but will have to make their own cooking arrangements. They will be required to adhere rigidly to the fish and game laws, and all laws for the preservation of the forests, including precautions in the use of fire."

This seems like an excellent scheme, and is worthy, at least, of due consideration.

Consumption is not the incurable disease we have been taught to consider it. If taken early, under favorable conditions and proper treatment, many get well; and those who have inherited tendencies towards consumption may be made so strong and resistive that the disease has no power over them.

THE evening of May 7 the graduating exercises of the Training-School for Nurses of the Presbyterian Hospital were held in Princeton Presbyterian Church, Philadelphia. Rev. Charles Wadsworth, D.D., presided and addressed the graduating class. Dr. John H. Girvin also made an address, and the diplomas and badges were presented by Mr.

Charles H. Mathews, vice-president of the Board of Trustees. Mr. James F. Magee, with his usual generosity, provided a reception in the Nurses' Home for the members of the graduating class and their friends. The home was beautifully decorated with plants and cut flowers and every one seemed to have spent a pleasant evening.

These were the graduates of the Class of 1901: Edith R. Andrews, Princeton, New Jersey; Janet L. Bines, Ridge Farm, Illinois; Mary Campion, Germantown, Philadelphia; Marie Close, Cambridge Springs, Pennsylvania; Hebe Cutts, Lewinsville, Virginia; Emma E. Grittinger, Cornwall, Pennsylvania; Cornelia W. Happersett, Fort Hamilton, New York; Anna S. Hess, Philadelphia, Pennsylvania; Anna E. Kumm, Allegheny, Pennsylvania; Anna E. McCowan, Pitman Grove, New Jersey; Jennie E. Patterson, Harrisburg, Pennsylvania; Adda W. Phillips, St. Davids, Pennsylvania; Elizabeth L. Robinson, Harrisburg, Pennsylvania; Jennie C. Wardell, Toronto, Canada; Lillie F. Wardell, Toronto, Canada; Nellie M. Wicker, Farmville, Virginia; Elizabeth T. Wright, Easton, Maryland.

THE presentation of diplomas and medals to the graduating class of the Lady Stanley Institute, Ottawa, took place on Monday, May 13, in the presence of a large number of friends. The class consisted of thirteen nurses. Her Excellency, the Countess of Minto, presented the diplomas and medals and made a few congratulatory remarks. Addresses were also made by Mr. E. B. Eddy, president of the hospital, Rev. C. W. Mackay, Rev. Dr. Herridge, Rev. Canon Pollard, Dr. Scott, and Dr. Hanna, all speaking in encouraging terms to the nurses and offering good wishes for their future success.

The school was opened in 1891 by Lady Stanley, wife of the then Governor-General of Canada, and arrangements were made for the pupils to receive their practical training in the General Protestant Hospital, the Hospital for Contagious Diseases, and the Ottawa Maternity Hospital.

During the last two years large additions have been made to the General Hospital, giving opportunities for the study of special branches of work, and necessitating also an increase in the nursing staff.

The Lady Stanley Institute, a hitherto independent corporation, has recently been amalgamated by Act of Parliament with the General Hospital, the home and Training-School retaining their original name.

PLANS for the new seven-story fire-proof building to be erected at Lexington Avenue and Fifty-fifth Street for the Babies' Hospital of the city of New York are complete. For the past six months the superinten-

dent and one of the attending physicians of the hospital have been in Europe studying hospital construction that they might utilize the most advanced ideas in the new structure.

The new building will allow one thousand cubic feet of air to each patient, in marked contrast to many of the hospitals in this city, which provide only three hundred cubic feet to each patient. On the first floor will be the dispensary and offices. The second and third floors will be given over to dormitories for the hospital officers, nurses, and servants. This leaves the upper floor for the wards, which, being high up, will have good light and air, besides being above the dust and noise of the street.

On the fourth floor will be private rooms and two model nurseries, in which maids will be instructed in the proper care of infants. This Training-School originated with the Babies' Hospital, and has been copied throughout the country with more or less success. Part of the fourth and the fifth and sixth floors will be taken up by wards. On the seventh floor will be a great glass sun-room, isolation rooms, and a large laboratory.

THE annual graduating exercises of the St. Mary's Hospital Training-School for Nurses were held at the Pouch Gallery, on Clinton Avenue, Brooklyn, on the evening of May 17.

Dr. John Byrne, president of the faculty of St. Mary's Hospital, presided, and awarded diplomas to the following young women: Mary A. Fenneran, Edythe E. Flawn, Mary Mahoney, Alice J. Danforth, Agnes E. Staley, Mary R. O'Sullivan, Florence E. Laskowski, Anna M. Brady, Kathryne R. O'Boyle, Anna McInerny, Kathryne Cunningham, Nellie Cusick, Eva M. Ritchie, Margaret J. Marwick.

The valedictory was delivered by Miss Edythe E. Flawn, and the first prize for proficiency in studies was won by Miss Alice J. Danforth.

Assistant District Attorney Martin W. Littleton delivered an address to the graduates, saying in part:

"Life is not worth living except it is a struggle. It is what we gather as we proceed; it is in the strain of the struggle; it is in the reach of the ambition; it is in the strain which brings every faculty, every impulse, every hope tensely to bear upon the ambition which is set high in the future."

After the exercises the graduates received their friends in the banquet hall, where supper was served, followed by dancing.

THE sanatorium for the treatment of consumption which has been recently established by the State of Massachusetts in the town of Rutland, in the centre of the State, is an experiment whose fortunes will be

watched with great interest the world over. It is the first State hospital for consumptives ever founded, and its results thus far have been remarkable. Rutland is the highest town in Massachusetts east of the Connecticut River. Its air is remarkably pure and bracing, and it was the place selected for the experiment by a great majority of the physicians and scientific men who were called into consultation. The institution is carefully described in an interesting article by Mrs. Rufus Phillips Williams in the May number of the *New England Magazine,* the first article in which this noteworthy effort has been well presented to the public in one of the popular magazines. The methods followed at the sanatorium are carefully described, and the article is accompanied by many pictures which contribute to make the whole work plain. By and by our Northern States will undoubtedly buy tracts in the more genial South upon which to establish their hospitals for consumptives. Until that day comes, such experiments as this at Rutland are welcome, indeed, and the success which has attended this particular experiment is most promising.

On May 29 the first graduating exercises of the Lakeside Hospital School for Nurses, Cleveland, were held in the hospital building. Sixteen nurses graduated. The exercises were of a simple nature, and were followed by a short reception in the " Home."

Dr. Lewellyn F. Barker, of the University of Chicago, delivered the address to the class; the diplomas, badges, and prizes were presented by Mr. Samuel Mather, president of the Board of Trustees; a short sketch of the aims of the school was read by the principal, Miss McMillan, and the exercises were closed by the Rt. Rev. William A. Leonard, Bishop of Ohio.

One feature which is worthy of comment was the carefully prepared, comprehensive, and dignified address delivered by Dr. Barker. It was a pleasing contrast to the old-time speech, filled with trite advice, which so frequently greets the graduating nurse. With the rest of the programme, it gave a dignity to the occasion, to the school, and to the nursing profession very pleasing to those interested in its advancement.

The last session of the Louisiana Legislature appropriated twenty-five thousand dollars for the purchase of a home for the lepers. The lepers are now cared for at Indian Camp plantation in Iberville, but the Board of Commissioners of the Lepers' Home have only a lease of the property, and public sentiment in the neighborhood, particularly in the town of White Castle, two miles distant, is against having the lepers there. For more than a year the board has been looking for an available property. The negotiations had to be conducted secretly, for the moment

a suspicion was aroused that the purchase was for a leper home protests went up from all the neighbors.

The board desired to establish the home near New Orleans because of the better medical attendance assured thereby and under the belief that with better accommodations and treatment it would be possible to carry out the law and compel all lepers to be confined in the hospital.

Miss Adella Walters, the superintendent of nursing, sends us the following item:

"The following is the list of the Pan-American Hospital nurses who were on duty for the month of May: Mrs. Laura Hesselberg, Presbyterian Hospital, New York; Miss Claribel Lichtenstein, Touro Infirmary, New Orleans, Louisiana; Miss Cecil Dodge, Chicago Baptist Hospital; Miss Margaret Haines, Woman's and Children's Hospital, Buffalo, New York. The nurses on duty for the month of June are: Miss Laura Jarvis, Arnot Ogden Hospital, Elmira, New York; Miss Eleanor Alexander, Kingston General, Kingston, Ontario; Miss A. L. Greenwood, Buffalo General Hospital; Miss Florence Hamilton, Buffalo General Hospital; Miss M. A. VanEvery, Buffalo General Hospital."

With the incorporation of the Colorado Hospital for Women and Children recently preparations were begun for a new institution in Denver. As set forth in the articles of incorporation the objects are: "To further the professional advancement of women physicians and surgeons by establishing a hospital for women and children to be under the control of women physicians and surgeons; to provide for women medical attention of competent physicians and surgeons of their own sex; to train nurses." This project has been talked of for some time among the women physicians of Denver. They desire more hospital and surgical experience than they can now obtain at the other hospitals. The institution will be conducted on the same general lines as a similar hospital established by women physicians in Boston, Massachusetts.

The corner-stone of the new addition to Charity Hospital, Cleveland, Ohio, was laid on May 11. The programme was complete and the event was a memorable one in the history of this, Cleveland's first hospital. The new building will cost forty thousand dollars. The money with which to build it has been donated by generous friends of the hospital, who asked that the sums given by them should not be published.

The New York Eye and Ear Infirmary, New York City, recently received a gift of money from William C. Schermerhorn, and this money

will be used in the erection of a new pavilion for sufferers from ear and attendant brain diseases. This pavilion will stand on the premises now occupied by the building known as No. 224 Second Avenue. The hospital has just taken title to the property.

THE Swedish Hospital and Nurses' Institute, Minneapolis, Minnesota, will erect a building at Tenth Avenue and Eighth Street, facing Elliott Park and diagonally across the street from the new Asbury Hospital. The new hospital will cost about fifty thousand dollars. The building will be three stories, sixty by one hundred and five feet, and of fire-proof construction.

ON the afternoon of May 16, under the auspices of the Masonic Grand Lodge of Missouri, the corner-stone of the New Jewish Hospital was laid at St. Louis. The hospital will be built on the pavilion plan. The ward buildings will be two stories high and will accommodate seventy patients. There will be an isolating ward. The buildings will be s rictly fire-proof.

WITHIN a few days workmen will begin to tear down the old building at the county hospital, Denver, Colorado, which formerly was used as a ward for insane patients and for the treatment of tuberculosis and contagious diseases. The building will be replaced by a modern structure which will cost between forty thousand and fifty thousand dollars.

PLANS for the proposed hospital at Batavia, New York, have been presented to the Board of Directors of the Woman's Hospital Association and have been approved. The annual meeting was held May 9, when it was hoped the fund of ten thousand dollars would have been secured, so that work upon the hospital could soon be commenced.

THE nurses who had the privilege of caring for the wife of the President during her late illness in San Francisco were Miss Jessie R. Nelson and Miss Evelyn Hunt, both of California. Miss Nelson graduated from the City and County Hospital and was for a time head nurse in Lane Hospital. Miss Hunt is a graduate of Lane Hospital.

ST. PAUL, Minnesota, will soon have a large and modern non-sectarian hospital. The movement for it originated with a number of citizens, and is backed by the physicians. The city is believed to be in need of such an institution. It will cost upwards of one million dollars. Plans for the project are not yet fully matured.

THE new hospital at Steubenville, Ohio, erected by Congressman J. J. Gill at a cost of thirty-five thousand dollars, was completed last week and is ready for occupancy. It is a building of four stories and has every modern equipment necessary for caring for the sick. Congressman Gill has made the hospital a gift to the city.

THERE is to be built a two-story and loft addition to the Bryn Mawr Hospital, Bryn Mawr, Pennsylvania. The new extension will be twenty-nine by one hundred and eight feet, with a wing twenty-five by forty-five feet. It will contain bedrooms, nurses' quarters, etc. The addition will be of stone, similar to the present buildings.

ST. ANNE'S HOSPITAL, which is to be erected at Forty-ninth Avenue and Thomas Street, Chicago, Illinois, will be devoted to the care of consumptives. The principal building will be two hundred and forty-eight by two hundred and twenty-four feet and will be of brick. It will cost one hundred and fifty thousand dollars.

PLANS for the new hospital for the Confederate Veterans' Home at Higginsville, Missouri, were adopted May 18. The State Legislature last winter appropriated fifteen thousand dollars for the hospital. The building will cost twelve thousand dollars, and the balance of the money will be used for furnishings.

MRS. ETHEL COSTELLO, a graduate nurse who was private nurse in Kalamazoo, Michigan, has by the will of an uncle of her husband become possessed of three hundred thousand dollars. Mrs. Costello, who is a widow, has for the past five years supported her little daughter by her profession.

A NEW recreation building for the use of the Sheppard and Enoch Pratt Hospital patients is being erected on the grounds of the hospital near Towson, Maryland. The structure will cost, when complete, about fifteen thousand dollars. A large lawn will be laid out around the building.

NEW YORK is building a State hospital in the Adirondacks, to cost one hundred thousand dollars, where patients with incipient consumption will be treated.

THE Sisters of Charity will erect a hospital in Montgomery, Alabama, costing seventy-five thousand dollars if the city will provide a suitable lot for it.

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF
MARY E. THORNTON

THE CONGRESS OF NURSES

THE Mayor of Buffalo will give an address of welcome to open our Congress proceedings, and the director of the Pan-American Exposition has fixed Saturday, September 21, as "Trained Nurses' Day" at the Exposition. These are indeed compliments beyond any we had expected.

The directors of the Woman's Union are arranging to give a reception for our guests on the afternoon of September 18. Their courtesy in the affairs of our convention has been great, and we will all be glad of an opportunity to meet them personally.

The Congress Committee repeats its notice that a collection of books, magazines, and papers written by nurses, also constitutions, by-laws, and reports of nurses' societies, will be exhibited in connection with the Congress, and all nurses are asked to send any such to Miss Damer for this collection. Two copies of each article are asked for.

Miss Damer, whose address is 55 Mohawk Street, Buffalo, will receive requests from nurses visiting Buffalo during Congress week to secure accommodations for them. Such requests should contain the exact date of arrival, with the time of stay. The committee desire to say that they have no connection with any other bureau or register for securing rooms. While all such may be and no doubt are entirely reliable, the local committee of the Buffalo Nurses' Association is independent of them.

American nurses who met Miss Mollett at the Nurses' Congress in England will be pleased to learn that she will be the delegate to Buffalo from the Matrons' Council of Great Britain and Ireland. The Superintendents' Society should have a special interest in Miss Mollett, representing, as she does, its English counterpart, just as our alumnæ associations will, no doubt, feel a special proprietorship in Miss Waind, who will come as the delegate of the League of St. Bartholomew's Nurses.

Miss Cartwright, who is a graduate of St. Bart's, will represent the Registered Nurses' Society, and thus bring one more link to connect us with our fellow-workers.

Miss Keith Payne, matron of the Wellington District Hospital, New Zealand, consents to stand as honorary vice-president from New

Zealand on the Congress programme, though it is doubtful whether she can be present. Miss Payne holds a similar position in the International Council.

Mrs. Bedford Fenwick, Miss Mollett, and Miss Cartwright will leave England on August 29 by the Parisian, Allen Line, to Montreal, and will visit Canada first before coming to Buffalo for the Congress week. They will arrive in Buffalo on Saturday, the 14th, and later will visit Washington and Philadelphia, sailing from New York.

The Congress Committee desires to record its appreciation of the substantial help given to the cause of the International Nurses' Congress by the different nursing journals. They have all done much to stir up interest by their editorials and general policy as well as by the news they have given space to, and have materially aided the labors of the committee. The English journals have been especially active and responsive, and have spared no pains in making the Congress widely known.

DATES OF MEETINGS

The Associated Alumnæ will hold its first business meeting in the morning, Monday, September 16, the Superintendents' Society will have a business meeting in the middle of the same day, and the International Council of Nurses will also have its first business meeting in the afternoon of the same date, all in the Woman's Union.

These first meetings are thus arranged to economize time, and leave Tuesday open for second meetings as found necessary. The International Council of Nurses will require a second meeting, and the Superintendents also, their constitution making it necessary.

The dates of the Congress proper are: Wednesday, 18th, Thursday, 19th, and Friday, 20th, the sessions beginning at nine-thirty A.M.

American nurses and general visitors will be charged an admission of fifty cents, good for the three days.

In answer to many inquiries we would state that the rate of lodgings in private families during the Exposition is the uniform price of one dollar per night. This does not, however, secure separate rooms. Good meals may be had for from twenty-five to fifty cents each.

The head-quarters for nurses during the Congress will be at the Woman's Hospital, corner of Georgia and Seventh Streets, where all will register.

All inquiries for accommodations are to be addressed to the "International Congress of Nurses, Committee on Accommodation, 55 West Mohawk Street, Buffalo."

Nurses are requested to engage lodgings as soon as possible.

REPORT OF THE ANNUAL MEETING OF THE ALUMNÆ ASSOCIATION OF THE JOHNS HOPKINS HOSPITAL TRAINING-SCHOOL FOR NURSES

THE ninth annual meeting of the Alumnæ Association of the Johns Hopkins Hospital Training-School for Nurses was held in the Assembly Room of the Hospital on Saturday, May 25, 1901. An afternoon session only was held, as the greater part of the business affairs of the association had been discussed and carried through at the quarterly meetings held during the year at the Nurses' Club-House.

The meeting was called to order at two-thirty P.M. by the president. The minutes of the last annual meeting were read and approved. The minutes of the quarterly meetings were not read, as the most interesting items of these minutes were embodied in the president's address.

The president, in reviewing efforts and achievements of the past year, assured us that the new magazine the association had anticipated publishing had been very carefully thought out, and is now—theoretically—ready for publication.

Also, that the local association of nurses, the formation of which had been looked for within the past twelve months, is still in the process of organization.

We were reminded of the death of one of our members,—a very much beloved one,—Miss Ellen Wood, and that at her home at Mt. Kisco, New York, an association has been formed called The Ellen Wood Memorial District Nursing Association, and that one of our nurses, a member of her own class, has organized and is carrying on the work there.

During the past year the Association spent one hundred dollars in a share of THE AMERICAN JOURNAL OF NURSING, and donated one hundred dollars to the Columbia College, as well as fifty dollars to "The Ellen Wood Memorial District Nursing Association."

The reports of the following committees were read and accepted:

The report of the House Committee (governing the Nurses' Club); the report of the Registry Committee; the report of the Committee on Publications; the report of the visiting nurse, and the treasurer's report; the latter was received with great satisfaction, showing, as it did, the excellent financial condition of the association.

After the reports of these various committees, Miss L. L. Dock addressed the meeting on the subject of "State Organization for Nurses: its Advantages, and What had been Done in New York towards its Accomplishment."

In answer to a letter read from Miss Thornton, secretary of the Associated Alumnæ, it was voted that the delegates of this association

to the meeting at Buffalo receive no instructions with regard to the question of establishing an auxiliary membership to the Associated Alumnæ, but be left free to vote as their judgment directs.

The meeting closed with a vote of thanks to Miss Dock for her very interesting address, and the election of the officers for the coming year and of the following delegates to the Congress to be held at Buffalo: Miss Rutherford, Miss Sharp, Miss Carr, and Miss Barwick.

THE NEW YORK POST-GRADUATE ALUMNÆ

THE members of the Post-Graduate Alumnæ held their last stated meeting for the season at the club on Tuesday, June 4. Eight applicants were considered and elected to membership. While it is very gratifying to see the largely increased membership list, we cannot but feel, as we adjourn for the summer, that there are many more who should be with us, for, to quote from the paper read by Miss Dolliver at the First Annual Convention, "It has been suggested to me that the most evident duty of the local associations is 'missionary work,' and is this not true? How are we to enlighten a public as to our responsibilities and requirements, to increase our work in usefulness and honor, unless every one of us puts forth the best efforts towards reaching those graduates of her own school who are not yet alumnæ members and convincing them of their duty in this matter? So long as there is one graduate who is not with us we are weak by so much as her mind, character, and influence are valued at. We are members of our Alumnæ Associations not for personal benefit, but because it is our first duty to unite and organize for mutual protection and improvement, to set an ever higher standard of excellence, and to establish, so far as possible, better conditions for those who come after us."

For the first time since the organization of the alumnæ, it is our sad duty to record the death of a member, Miss Carmel Mary Murphy, who died at her home in the Province of Quebec during the week. One of the brightest and most promising members of the Class of 1901, it is difficult for those of us who saw her upon the night of her graduation to realize that the three years of training was not to fit her for our ranks but a higher life. It would seem that we needed her cheery presence, her contagious mirth among us, and she will be sorely missed.

"*Resolved*, That the members of the alumnæ hold in loving thought the name of Mary Carmel Murphy, who at the very outset of her career has been called upon to lay down her work.

"*Resolved,* That we her associates do extend our sincere sympathy to her family.

"*Resolved,* That a copy of these resolutions be forwarded Miss Murphy's family; that they be inscribed upon the minutes of the association and published in THE AMERICAN JOURNAL OF NURSING."

DUTCHESS COUNTY GRADUATE NURSES' CLUB, POUGHKEEPSIE, NEW YORK

ON the afternoon of October 1, 1900, several graduate nurses of Poughkeepsie, New York, met together for the purpose of forming a county association. The following officers were elected: Elizabeth I. Burroughes, president; Martha T. Kamofski, vice-president; Mary J. Blass, secretary; Javinia Walker, treasurer. It was decided to call the association "The Dutchess County Graduate Nurses' Club." A constitution and set of by-laws were adopted placing the initiation fee at three dollars, with a monthly assessment of fifty cents. The room in which the meeting was held was rented from the Young Women's Christian Association at the rate of four dollars a month for one year. It has been prettily furnished by the nurses and their friends. On the reading-table will be found THE AMERICAN JOURNAL OF NURSING, the *Trained Nurse,* and the *Hospital Nursing Mirror,* besides several medical journals and other periodicals. We have now thirteen members. Our physicians have been most kind in giving us talks and lectures.

Dr. Grace N. Kimball opened the lecture course November 14 with a talk on "Professional Etiquette in the Sick-Room." Since then we have had lectures on the following subjects:

December 7, "Modern Surgery," Dr. J. E. Sadlier; December 31, "The Progress of Sanitation in the Nineteenth Century," by Dr. Elizabeth Thelberg, of Vassar College; March 13, "Homœopathy," Dr. John C. Otis; March 21, "Care of the Insane," Dr. Frederick Mann, of the Hudson River State Hospital; March 29, "Obstetrics," Dr. C. E. Lane; April 5, "Dietetics," Dr. Wood; April 12, "Our City Water," Dr. J. W. Poucher; April 26, "The Eye," Dr. Barnum; May 3, "Bacteria," Dr. F. Peckham; May 17, "Children's Diseases," Dr. J. H. Otis.

The average attendance at these lectures has been six, which is considered good, as all the members have been very busy, many having cases out of town. On Friday, May 31, Miss L. L. Dock, of New York, gave a most interesting talk on the "New York State Nurses' Association," "Registration," and "Nurses' Organizations in General."

A registry and a strong Advisory Board are among the things we hope to have in the near future. We feel that the club has already done much good, both from a social and an educational point of view.

BELLEVUE ALUMNÆ ASSOCIATION, 1900—1901

WITH the last meeting, May 16, closed a very prosperous, active, and encouraging year. Our meetings have been well attended, the members taking active interest in all matters under discussion. Delegates have been present at all meetings of the Albany Convention, and at the business meetings held at Buffalo in preparation for the National Alumnæ Association meeting to be held in September.

Some very interesting letters have been received from members in Cuba, Manila, South Africa, and from one who was travelling for pleasure over parts of Europe. Some who have returned from foreign fields have entertained us by relating their experiences and exhibiting curios gathered en route.

Also at the regular meetings a course of lectures was given by Mrs. T. J. Duryea upon "Life and Character Building," Mrs. Duryea being an exceedingly interesting lecturer.

During February and March we enjoyed weekly lectures, clinics, receptions, and entertainments under the auspices of the Associated Alumnæ of New York City. Several of the above were somewhat sparsely attended, owing to the fact that notices were received too late to attend. It is to be hoped that another year this difficulty may be remedied.

During the year three members have married, seven have resigned, and we have lost one by death. Fourteen new members have joined the ranks.

As yet our club-house is not in sight; but large bodies move slowly, and this is an important undertaking. The subject is slumbering, not dead.

THE annual meeting of the Nurses' Alumnæ Association of the Presbyterian Hospital in Philadelphia was held in the lecture-room of the Hospital on Commencement Day, May 7, 1901.

Forty-two members were present, and as all were interested in the work of the association during the past year, the meeting was quite an enthusiastic one. Seventeen new members were added to the roll and the following officers were elected: Miss G. I. Milne, president; Miss C. E. Davenport, vice-president; Miss M. G. Revell, secretary, and Miss M. A. Dunlop, treasurer. Miss Annie H. Stirk, with Miss F. Longenecker as alternative, was elected delegate to represent the Alumnæ Association at Buffalo in September. It was unanimously agreed that a fair be held in November next, Thanksgiving week, to raise funds towards the completion of the endowed-bed fund. A letter was read from a former member, Miss Foster, Miraj, India, soliciting continued aid for the four chil-

dren at the Mission School who were supported and educated by the alumnæ and their friends during the past year. A sum of sixty-three dollars and a half was collected for this purpose, and several of the members promised contributions later.

THE Alumnæ Association of the Orange Training-School for Nurses held the last meeting of the year May 15 at the home of one of the earliest graduates, Mrs. Frank Mann. Twenty-one members answered the roll-call. Miss Bertha Gardner was unanimously elected delegate to the Congress of Nurses to be held in Buffalo. Various matters were brought up and discussed with interest, and when the meeting closed the members were hospitably entertained by Mrs. F. Mann and Miss E. Pierson.

AT the regular monthly meeting of the Alumnæ Association of the Lebanon Hospital Training-School, held at the hospital May 1, Miss Madeline Cochrane was elected president and Miss D. A. Laffier secretary and treasurer. General business was transacted, and after having elected Miss Cochrane to represent the association at the Congress the meeting was adjourned.

THE Alumnæ Association of the New York City Training-School has elected Miss E. V. Burr, Miss I. B. Yocum, and Miss N. K. Mobbs as delegates to the Congress.

THE Cleveland Association has elected Miss Smythe—alternate, Miss Johnston—as delegate.

THE NECESSITY FOR THE DEVELOPMENT OF POST-GRADUATE WORK*

"ONCE upon a time" there was a band of speakers going about the country addressing a series of meetings. One particular speaker was saved to break up the meeting and make the people wish to get away and go home. Such is my proud position here to-day.

* Read by Miss Persis Plumer before the Third Annual Convention of the Nurses' Associated Alumnæ of the United States, held at New York May 3, 4, and 5, 1900.

If this were the social meeting of the Blanktown Woman's Club, instead of a solemn gathering of serious-minded nurses, and some of the many guessing games were in progress, it would not be difficult to decide what book this paper represents.

If two papers on the same subject by two people writing independently are not "Twice Told Tales," what are they?

But without further preamble or apology, I will proceed to warm over what has been well said before.

My subject, "The Necessity for the Development of Post-Graduate Work," divides itself naturally into two parts.

First, the necessity. There is just as much need of trying to prove that two and two make four as to prove the necessity of post-graduate training to one who has thought about it. I am speaking now of private nurses, as they are the largest part of our profession, and training-schools were established mainly for that end.

Some of us are blessed with good memories; all, I am sure, are not blessed with good "forgetteries," as a little girl put it.

A private nurse, especially a successful private nurse, tends more and more to specialize, or work for some one or few doctors who have known and liked her work. In this way she gets accustomed to the little ways of each, and while practising some things over and over forgets a large part of what she once knew.

This, with the advance of medical science, and the constant changes it brings, makes the nurse of a few years back decidedly a back number.

The necessity for some method of keeping up with the times is not new, but its urgency is recognized more and more, as nursing ceases to be a new profession.

When I was in training, the venerable doctor, in our graduating address, told us trained nurses were a luxury. I think such a term would not be applied now.

Admitting its necessity then, for those nurses who were well and thoroughly trained in the beginning, but have grown rusty and need brushing up, what shall we say of the imperative need of further study for those whose original training was not all that could be desired?

The report of the Commissioner of Education for the year 1899 gives three hundred and eighty-eight training-schools for nurses in which eight hundred and one men and eight thousand and four women were enrolled as students, graduating during the year three thousand and twenty-seven nurses, New York leading with six hundred and seventy-four, Pennsylvania second with four hundred and forty-five, Massachusetts third with three hundred and ninety-three, and the rest scattered over nearly every State in the Union.

Of these three hundred and eighty-eight schools only twenty-six are represented in this association. One school reports a four-years' course, nine a two-and-a-half-years' course, and the rest two years, except some for special training. In many cases even this is shortened by the pupils being sent to private cases while in the school.

We cannot think too often and too much of what this flood of diplomas means to the future status of our profession.

What can be done to make every nurse's diploma stand for a certain degree of attainment and how to place that mark as high as possible are the great objects of the deliberations of this and all similar gatherings. For this we are advocating State registration, and the Superintendents' Association has been laboring for years for a uniform curriculum.

To make membership in our National Association stand for high attainment on one hand, and how to include those who most need its benefits on the other, are the Scylla and Charybdis between which we have had to steer in organizing.

Admitting the necessity then for post-graduate work, let us consider for a moment its development.

To gain information in this matter, about fifty letters were written to superintendents of the leading training-schools from Maine to California, asking if they had a post-graduate course for their own graduates or others, and if there was a demand for it among their graduates.

From all were received very prompt and full replies, for which I wish to express my deep obligation here and now.

These letters, almost without exception, had the same general purport. Graduates are waking to the need of post-graduate work in all the large cities where competition is keen, and are clamoring for some kind of opportunity to regain lost ground, as well as to add new material to their store of knowledge.

The only exceptions to this rule were a few smaller cities, like Baltimore and Rochester, where, the supply of nurses not exceeding the demand, they are kept pretty constantly employed, superintendents reported no great demand for post-graduate work.

In response to this demand, many of the schools allow their own graduates to return for two or three months and work in the wards. They receive meals, but no other compensation, the cramped condition of most nurses' homes making even lodging out of the question. The Boston City Hospital is the only one that I heard from that pays such pupils. Some, as the New Haven, require the nurses to pay board to the hospital. They work in the wards and observe what is of particular interest to them. This plan, while undoubtedly a benefit, is merely a make-shift, and is not an ideal thing from either point of view.

Nurses who have been their own mistresses (and masters) for years and have gotten out of the way of just the sort of hard work required are not an unmixed blessing from the head nurse's stand-point. While, on the other hand, the head nurse, who is usually a recent graduate, and who is fresh in all the current phraseology (and may I say hospital slang?) of the day often makes the older nurse feel her surprise that certain terms and methods are unknown to any properly trained person, and makes no secret of her poor opinion of such training as the unfortunate questioner must have received.

I do not remember any case where systematic class instruction was given to these nurses, so such residences in the school cannot properly be called a course.

So much for what has been started to brush up the old graduates. There remains to consider what post-graduate study can do for the imperfectly trained. For these we have the special courses, like the Eye and Ear Infirmary and Infants' Hospital in Boston, the General Memorial and Woman's Hospitals in New York, and various maternity and other courses in many places. A few moths' post-graduate work in a large city and another hospital makes a wonderful difference to a nurse trained in a cottage hospital in some small town. She may not be as good as if she had spent all her time at a first-class school, but she will surely be much better than she was before.

Perhaps some day the small hospitals will take the relation to the large schools that fitting schools bear to colleges, and a training in them serve for the first year or so of work.

We lose so many splendid opportunities to learn in the daily struggle with unfamiliar duties in the first few months in the hospital! It is so hard to get the work done, we have little or no time to think what it all means, and it is only when the routine has become second nature that we open our eyes to the larger meaning of it all.

A few months' post-graduate work in another school is a good thing for everybody, wherever trained. No one place has all the advantages, and a knowledge of this fact is the surest correction to self-conceit, or school conceit.

I have shown, I think, that post-graduate work is necessary for the old graduate, for the half-trained graduate, and that it is a help to all graduates, old or new. That this necessity has caused a development of such work:

First, by the schools opening their doors to old graduates.

Second, by thirty-four post-graduate courses in special lines of work.

Third, by great activity in alumnæ associations along educational lines.

I believe the post-graduate work of the future will come into the hands of the alumnæ, as lectures, demonstrations, and clinics are held now in some associations. Superintendents and trained teachers from the college course at Columbia could give the instruction, helped by the doctors, who have always stood ready.

When that day shall dawn, the school commencement will be truly a beginning.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK

MODERN MOVEMENTS IN THE OLD WORLD

THE NURSING ASSOCIATION OF THE HAMBURG STATE HOSPITALS

By HEDWIG VON SCHLICHTING

Superintendent of the Nursing Department.

[We feel privileged in having the permission of the author of the following article to translate it for the readers of the Journal. It was written for *Das Rothe Kreuz* of last February. Few American nurses realize how much harder is the work and how much longer are the hours of the average German nurse than ours; and only those who have come into contact with that tremendous weight of fixed custom will rightly estimate the courage and force of character shown by Fräulein von Schlichting in making this strong appeal for less hard conditions of work. We believe this is the first time that a German nurse has thus publicly urged a reform in hospital overwork, and the whole personality of the "Frau Oberin" of the Hamburg State hospitals, her peculiar and extensive power, responsibility, and influence over others, make her a strong champion of the overburdened but uncomplaining German "sister."

Fräulein von Schlichting is the daughter of a German officer of high rank. Her heart was set upon nursing from an early age, and she studied in the Augusta Hospital of Berlin, a nursing school open only to pupils of noble birth. She held several positions of responsibility before taking charge of the Hamburg hospitals, where she organized a modern training-school of special distinction.—Ed.]

The development of social conditions has been such that the urgent necessity of self-maintenance presses to-day upon thousands of women, and it is therefore of the deepest importance that lay orders of nursing sisters should be multiplied, where women who do not feel called to renounce the world may find a career and a secure future, without having to submit to the restrictions of strictly religious orders.

Of such, one of the largest, and I think I may say one of the best organized, owing to exceptionally favorable financial conditions, is the Hamburg Nursing Association, which has now been in existence for five and a half years.

The fundamental purpose in establishing this nursing school was to improve the service of the public hospitals by creating a staff of refined and specially educated women for the care of the patients. Until 1895 there were only untrained attendants in the Hamburg hospitals. The New General Hospital at Eppendorf contains nineteen hundred beds, and in June, 1894, I was called to Hamburg to reconstruct the nursing according to the new system. After a year of teaching

and preparation the Nursing Association began its definite existence with thirty-five sisters and twenty pupils. An extensive exodus of the old attendants now took place, and in order to fill vacancies the opportunity for applicants to enter the school was made known all over Germany. Thanks largely to the liberal provisions of our organization plan, devised to meet the needs of many women, it met with widespread favor, and applications were so numerous that a choice of the very best material was made possible. The association flourished most satisfactorily, and now numbers two hundred and fifty sisters.

The entrance-age is between twenty and thirty-five years. After one and a half years of probation and instruction, the appointment follows (as sister) for another one and a half years. [The full term is thus three years, and at the end of this time the nurse can sever her connection with the school. She then ceases to be a member of the "Verein" and loses its benefits. The greater number, however, remain in the "Verein."—ED.] In the first half year as "sisters" they receive no salary, but in the second half year sixty marks (a mark is about twenty-five cents), and in the third one hundred and twenty marks. After that, for those who remain, the salary gradually rises with length of service to three hundred and fifty marks a year.

After ten years' service, in case of disability the sisters receive a pension of from eight hundred to one thousand marks, or if invalided before ten years, a varying compensation is made by the Board of Trustees.

The sisters have their home without expense, and are cared for in illness. The hospital uniform of wash material is supplied upon entrance, and at the end of the first one and a half years the street uniform is also given.

Day and night duty are distinct; the first lasts from six A.M. to nine P.M., with an hour off after dinner. Once a week a half day is given from two P.M. to midnight. The night nurses are on duty from nine P.M. to nine A.M. Their time off is given on Sunday and Monday, the night nurses being relieved by the day nurses at midnight on Sunday, so that each has just half the night.

The sisters have a yearly vacation of four weeks. The care of the association has been extended to one after another of the State institutions, until now it has charge of the nursing in the Lying-In Hospital, the Asylum for the Insane, a sanatorium for phthisis, and the old General Hospital. Our sisters have also been called outside of Germany, in Trebchen, in the German Hospital in Buenos Ayres, and in the Turkish University Hospital in Constantinople. They are under the direction of a German physician, who teaches medicine in the university. The nurses also are there as teachers. Their work is to train Turkish soldiers as military hospital orderlies.

For four years past the Colonial Nursing Association has sent its sisters to Eppendorf to be trained.

In November, 1899, six of our sisters went to the field in the Transvaal at the request of the Central Committee of the Red Cross.

These varied fields of work are a delight to me, and bring refreshment by their variety.

Provision is also made for the recreation and rest of the nurses. Their monthly vacations may be taken without cost at a seaside place where the association possesses a cottage. In their hours off duty the nurses' home—Erica House—offers comfortable rooms, with piano and library, where those beyond reach of their own families may yet spend homelike hours. In off-duty time the nurses are allowed every freedom which a well-bred woman may desire. Concerts and visits to the theatre are encouraged, and I am glad to see them interested

in things which have no connection with hospital work. In 1895 a singing-society was formed among the sisters, practising weekly; and from time to time popular lectures on educational or scientific subjects are given. Extra time is given on Sunday to those who wish to attend church, but this is not compulsory. In my opinion the truest religion is shown in practical, helpful service and faithful discharge of duty.

That our hospital patients are better nursed since the oncoming of our sisters is a foregone conclusion. The anticipations of its founders are fully realized,—a proof that care and consideration for the nurses are closely related to the interests of the hospital.

From the beginning I have held it to be my duty, in and through our association, to work as woman for women. That in this constant endeavor I have had the powerful support of many influential men of Hamburg, especially Senator Dr. Lappenberg and the directors of the Hamburg institutions, I must now gratefully acknowledge. Only through the warm interest shown on many sides in our nurses could the various provisions for their comfort have been obtained. Much has been done, but much yet remains to be done.

Let us follow the life of a nurse for a brief period of observation. Fourteen to fifteen hours daily make up her working time, and after this work is done, in the scanty time "off duty," with its excessive physical exertion and its continual drain upon the sympathies and the nervous energy, the craving for rest overbalances every other desire. After becoming a "sister" the human creature has no more rights. There are, it is true, nurses who find entire happiness in their work, but far greater is the number of those who, in spite of all its interests, in spite of the satisfying consciousness of duty fulfilled, miss something, and long with an unexpressed longing to have something more of life; and this longing is natural and reasonable, for man is a many-sided being. Late in the evening the sister seeks her room, her thoughts still bent upon the completed work of the day. One task has pressed hardly upon another. "Have I neglected nothing? Is all left just as it should be?" "Have I realized all the responsibility of my calling?" One must indeed summon all one's energies to be a really good sister.

There are the almost forgotten letters from home—from friends. "I have sent them no word for so long a time, and I so much enjoy being with them a short time in spirit, at least. To-day it is so late, I am so tired, but to-morrow I,—yes, then I will make up for all neglect."

But to-morrow it is the same, and the next day, and the whole week. And as it is with the letters to distant friends, so with other things. "When shall I ever find time to read?—to give a quarter of an hour to my beloved music? How I would enjoy a little taste of art. I have, to be sure, one free half day in the week. How fortunate that now I can hear a good concert, or go to a classic play. I will go to the play."

But the hoped-for pleasure is spoiled through weariness. At midnight to stretch one's self upon one's couch seems the only thing worth while. "If it were only not so hard to rise after five and a half hours' sleep. The next half day I will be more sensible. I will rest myself well; perhaps I will take a walk. How long it is since I have enjoyed the woods and meadows, the blue sky, the sunshine! But my world is now the ward and my little room. How is it that I cannot always realize this?"

Can now those who, standing apart from the life of the nurse, consider it objectively, comprehend why it is forced into so narrow a groove? The sister must almost completely give up family, friends, and outside interests. She

becomes more and more one-sided, and the consciousness of being behind the times, the left-out feeling when with people of wider outlook, together with the increasing lassitude of every year's work, reduce her finally to a condition of dulness.

The wish to carry on her work, which she truly loves, under easier conditions is indeed there, but she lacks the mental elasticity to struggle against circumstances, especially when to do so might risk her livelihood. These are the reasons why it is so seldom that a voice is raised from the ranks of nursing sisters. From my long service as head of a nursing staff I can assert that many distressing complaints reach my ears, and every year the conviction grows stronger that the old system must not be allowed to continue.

The fear will be expressed on many sides that if a nurse is able to cultivate outside interests her work will deteriorate. I believe, on the contrary, that her cheerful devotion to her work is often lost or changed to a spiritless routine, as a result of the excessive drains now made upon her strength. Health and physical and mental freshness are due to our work. Everyone knows the tonic influence of a cheerful, vigorous, and sympathetic personality upon the sick. It is being acknowledged in all branches of labor that rest and recreation are necessary it one will bring fresh energy to one's work. Why may not this principle be carried into nursing?

Many who wish to study nursing are by its hardships compelled to decide against it, and to vary the theme at the beginning of my paper, I can say that many more educated women would find in it a congenial occupation if a reformation in the system of work were possible. That this reformation must come slowly I well know. In Germany the best intentions must often wait for the necessary financial means. But it is a good sign when the general public begins to feel interest in the nurse's work and life. When that happens liberal minds will advocate more humane conditions and the nurse's labors will be mitigated. I hope that the Hamburg Association, which, though young, has already so much to be proud of, may become more and more emancipated.

LETTERS

LETTER FROM ITALY

(Continued from page 600)

OSPEDALE CLINICO, NAPLES.

. . . I will not close without stating that during the year we have had about twelve or thirteen calls for nurses, both for private and hospital work. Of course, the pupils were not allowed to go, being still at the commencement of their training.

The only nursing they have attempted outside the hospital has been at the High School, of which the Princess is president, or in the homes of their own relations. In every case, except one which happened to be a case of measles, they have been obliged to attend the hospital as usual. The cases nursed were as follows: a typhoid case, of which my pupil took the night duty; a case of blood-poisoning from tainted fish; endometritis with profuse hemorrhage; malignant tumor of the thoracic cavity; uræmia (night duty); meningitis (night duty); the epidemic of measles above mentioned, in which my little pupil was isolated

for five weeks. In all these cases I was obliged to supervise the work of my pupils, which did not tend to lighten my labors; but I must assume that the work gave satisfaction, since in almost every case either the doctor or the family have taken the trouble to acknowledge the work done.

To illustrate further the difference between social customs in Italy and America and the influence which they exert on social life, I will mention that during the year I have had to deal with two flirtations between nurses and doctors. Now this may seem of no importance to Americans, but in our case the incidents nearly wrecked our fragile barque.

It is significant of the opinion in which flirtations are held, when not carried on under the direct ægis of the parents, that the director, when he heard of them, behaved as though the affairs had brought dishonor on the whole institution. It was with the very greatest difficulty that I persuaded him not to discharge the whole staff of the assistant doctors, twelve in number, for the offence committed by two only. My pupils being very young, I honestly believe them not to have been so much in the wrong as the doctors who had dared to admire them from afar; but I could only save them by keeping them out of the way for days after, and as it is, they must take lowest rank for months to come.

You will have realized by now that since the feasibility of a lady-nurse remaining unchaperoned in the wards is denied to us in the first place, there are greater difficulties in the way of conducting the work of the hospital with trained nurses of the educated class than at first appear. I confess that I do not yet see my way to it. In private houses, where, unless they were married women to begin with, they would nurse women only, there is more probability of success, but here too I anticipate difficulties.

To overcome these the Princess is organizing a system by means of which the nurse will be watched over and only permitted to accept cases after the society had explored the ground. A few love-affairs of the kind mentioned above, though innocent enough in Anglo-Saxon countries, would in Italy ruin a serious undertaking such as ours is to its very foundation. "Si Romæ fueris, Romano vivito more."

GRACE BAXTER
(Graduate of the Johns Hopkins Hospital).

WE are glad to have the following explanation, and hope to give later some of the Danish law relating to Sick Funds:

"DANSK KVINDERAAD, KOBENHAVN, May, 1901

"DEAR EDITOR: In reading the April number of your splendid AMERICAN JOURNAL OF NURSING I see that you take some exception to the paragraph in the constitution of the Danish Nurses' Association as to the disbanding of the association.

"I should like to draw your attention to the fact that it is quite a usual thing in the constitution of a Danish association, as you will see from the 'Law on recognized sick-clubs' of April 12, 1892,* giving regulations for the support which the Danish State tends to every sick-club whose members have not great means. Section 25 of this law contains the following regulations:

* A copy of which I send by book-post.

"'The by-laws of a recognized sick-club shall be attached to every member's booklet, and they shall contain the following points: name, etc., general meeting, etc., accountants, etc., the use to be made of the surplus, especially at the disbanding of the sick-club,' etc., etc.

"I should like to give my name as the 'thoughtful friend' who sent you the constitution in questions, but being very busy at that moment, I was not 'thoughtful' enough as to write a letter with it.

"I am very sorry that I shall not come to your Buffalo Congress, but I shall be very happy to read of the proceedings.

"Believe me cordially and admiringly yours,

"CHARLOTTE NORRIE,
"Councillor International Council of Nurses."

OUR FOREIGN EXCHANGES

THE Foreign Department is happy in its exchanges with the different foreign nursing journals. The *League News* of the St. Bartholomew's League of Nurses comes twice a year, looking indeed like our own cousin in its green and black, and is a complete model of all that an alumnæ journal should be. We commend it to one or two of our organizations which, we hear, are thinking of starting their own school journals. The two Holland journals, *Nosokomos* and *Maandblad*, come monthly, and both seem interested in keeping their readers posted as to English and American nursing affairs.

The English *Nursing Notes* also comes monthly, and as this magazine represents officially six large associations and, indirectly, a numerous body of English nurses, it is greatly to be valued for the information to be gained from it as to the many activities and undertakings of its members.

The *Nursing Record* comes weekly, and is quite widely known in this country. It is a delightful companion, and presses home the conviction that a weekly journal has an advantage over a monthly in that it is able to give a full and uncut panorama of passing events.

We hope to include the *Nurses' Journal*, the organ of the Royal British Nurses' Association, in our list, and then we shall have all the nursing periodicals of Great Britain.

BOOK NOTICES

NURSING ETHICS, FOR HOSPITAL AND PRIVATE USE. By Isabel Hampton Robb. Cleveland: J. B. Savage, 90 to 92 Wood Street. 1901.

The literature of nursing has received in this small volume an important and much-needed contribution, one which will be helpful alike to the superintendents of nursing schools, to the pupils, and to the graduate nurses in their subsequent work. While books dealing with the practical or technical side of our work are being brought forward with some frequency, this is the only attempt, so far as we know, to deal with the subject of nursing from another and equally important stand-point. As its title, "Nursing Ethics," indicates, this is a book which deals with that vital part of nursing work,—character—personal and professional. Hence we naturally find at the outset a careful, thoughtful consideration of nursing as a profession, its great importance and increasing responsibilities, and of the requirements from a moral, physical, and educational stand-point of those who should enter it. Personal attributes, habits, and manners are factors upon which success in nursing largely depends, and professional skill is of little use unless supported by a full appreciation of their importance. "Etiquette," says Sydenham, "with all its littlenesses and niceties, is founded upon a central idea of right and wrong which gives significance and worth to the most trifling act."

To secure a wider recognition of the necessity of attending more carefully to all of these points in the training of nurses is undoubtedly the author's desire in publishing this book, and her method of dealing with so difficult a subject is admirably calculated to accomplish her object. The nurse is carried through various stages of her work as probationer, junior, senior, and finally as head nurse, and is instructed with the utmost faithfulness and minuteness of detail as to her duties and responsibilities under almost all conceivable circumstances.

Her relations to those about her with whom she has to do, her patients, teachers, fellow-pupils, the school and hospital, are handled with a fulness of knowledge which comes only from long and varied experience, such as the author is fortunate enough to possess, and a further outcome of this experience is found in an amount of intimate personal advice to the nurse which should prove of the greatest benefit to those for whom it is intended.

Some idea of the care which the author has bestowed upon every aspect of her subject may be gathered from a glance at the various points which are considered in one chapter. Here we find interesting suggestions as to the training and control of the voice, speech, and touch, the eye, and even the expression. We cannot see where a word could be added with advantage. Following this comes a most valuable chapter on personal hygiene, a matter concerning which nurses are often surprisingly indifferent.

Where all is so uniformly good it is hard to discriminate, but a word of special commendation must be given to the chapter entitled the "Head Nurse," and to the two very excellent final chapters relating to the work of the graduate nurse in its various branches. No nurse could read these without acquiring new ideas of the gravity and responsibility of her calling, and without taking away

an amount of advice, suggestion, and instruction which should prove of lasting benefit. As a basis for systematic instruction the book should be helpful to superintendents and teachers in training-schools, for while much of this nature is given continuously in all schools worthy the name, yet there have been probably few attempts to bring it into line with those subjects demanding regular, thorough, detailed teaching. Anything Mrs. Robb writes is sure of the attention of the nursing profession. She writes clearly, earnestly, and with a definite purpose. Her book should have a wide circulation. M. A. N.

How to Cook for the Sick and Convalescent. Arranged for the physician, trained nurse, and home use. By Helena V. Sachse, graduate of the Philadelphia Cooking School. Philadelphia: J. B. Lippincott Company.

Food for the Sick, How to Prepare it. Food for the Baby. By Edwin Charles French, M.D. Louisville: John P. Morton & Company.

The modern nurse, to be successful, must give unremitting attention to food materials, the processes of nutrition, and the art of preparing the proper foods in the right way. Too long neglected, the science of cookery is now daily advancing to its proper place as the foundation of the maintenance of health and restoration from diseased states. The two books before us should both be of great value to the nurse, and though not so intended, would make excellent mates for the diet-school shelf, as their arrangement is such that they seem complementary to each other.

Dr. French's book gives a table of the different diseases the nurse will be called to care for, with a brief account of the digestive condition as affected by the disease, and the reasons why certain foods must be given, followed by a list of the articles of diet allowable in each case, both foods and drink. This is very valuable to the private-duty nurse, who is often left with full responsibility of catering for the patient, and is often uncertain whether such and such an article may be given. Dr. French also gives recipes, only attempting to cover the ground called for in his disease tables.

Miss Sachse assumes that the nurse knows what types of foods patients need, and she has devoted herself to telling how to prepare every imaginable kind of nutrient and restorative food, with such success that the reader experiences pangs of hunger and almost wishes to be an invalid. The recipes are given a very attractive form and appearance, and a great variety of modes of preparation are described, as, for instance, five different ways of preparing scraped beef are given, all dainty and delicious.

The soups and drinks also are especially nice, and the nurse who has a taste for cooking will find unlimited satisfaction in exploring this very prettily gotten-up cookery book. L. L. D.

EDITOR'S MISCELLANY

POINTS OF INTEREST IN AND ABOUT BUFFALO

MANY of the readers of THE AMERICAN JOURNAL OF NURSING no doubt intend to be present at the International Congress of Nurses to be held at Buffalo Septemper 16 to 20 of this year. Some who are strangers to the city and its vicinity may wish information as to the points of interest in and about Buffalo, and may find the following notes of some value:

PAN-AMERICAN EXPOSITION.

Of course, our chief pride in 1901 is our Pan-American (All-American) Exposition. This, as most of you know, is an International Exposition of the countries of North, Central, and South America. It is the first International Exposition ever given exclusively by the American nations, and its primary purpose is to promote the social and commercial relations of the Western Continent. It contains only (the Midway excluded) the exhibits of the Americas, showing their natural resources and their commerce, their industries and their arts.

The site covers three hundred and fifty acres of ground, including one hundred and thirty-three acres of Delaware Park. The most beautiful approach is through Lincoln Parkway. The buildings, with their Spanish-American architecture and beautiful colorings, will be long remembered, while the nightly electrical illuminations transform the place into a veritable fairyland.

NIAGARA FALLS.

Buffalo's greatest and most famed neighbor is Niagara Falls. The Falls are twenty-two miles from Buffalo and may be reached in three different ways—by boat, by trolley, and by train. The New York Central Falls trains leave the Central and Terrace Stations at frequent intervals, making the run to the Falls in fifty minutes. Fare for the round trip fifty cents.

The Niagara Falls electric cars leave the corner of Main and Niagara Streets every half hour, reaching the Falls in one hour and a quarter. Return fare fifty cents.

The third route is by boat from the foot of Ferry Street at ten A.M., two P.M., and four P.M. The river trip is very pleasant. At Schlosser's Landing, a short trolley-ride completes the journey. Time, one hour and a quarter. Fare and return fifty cents. The Falls should be viewed from both American and Canadian sides. Fare to cross bridge and return fifteen cents. The principal points of interest are:

1. The trip on the Maid of the Mist, fifty cents.
2. Drive about Goat Island, from fifteen cents up.
3. Elevator and trip under Horseshoe Fall, fifty cents.
4. Rapids and Whirlpool, reached by trolley.
5. The Niagara Gorge Road.

THE NIAGARA GORGE.

To see this the Niagara Gorge Trolley Railroad must be taken. Fare from Buffalo and return one dollar and fifty cents; from the Falls one dollar. This ride, if begun at Buffalo, extends the entire length of the Niagara River to Lake Ontario. It is one of the most picturesque trips in America, including points of historic interest on both American and Canadian shores, viz., Chippewa, Lewiston, Queenston Heights, and Brock's monument.

TORONTO.

If desired, instead of the return trip, a steamer may be taken at Lewiston or Queenston to cross to Toronto. The trip to Toronto from Buffalo and return may be made the same day. Regular fare by boat between Buffalo and Toronto one way, two dollars. Lower rates on special excursion dates and public holidays.

ST. LAWRENCE TRIP.

From Toronto the trip to the Thousand Islands or to Montreal, Quebec, or the Saguenay, may be taken by the Richelieu and Ontario Navigation Company's line of steamers. Other routes are from Buffalo via New York Central Railroad to Charlotte, and thence by steamer of the Lake Ontario and St. Lawrence River Day Line or the Lake Ontario and Bay of Quinte Steamboat Company, or a morning or evening train on the New York Central Railroad to Clayton, where boat connections are made.

The entire St. Lawrence trip occupies about one week, exclusive of stop-overs. The favorite route is from Toronto via the Richelieu and Ontario Navigation Company. The rates are:

From Toronto to Alexandria Bay (Thousand Islands) and return	$9.00
From Toronto to Montreal and return	16.70
From Toronto to Quebec and return	20.00
From Toronto to the Saguenay and return	27.00

The St. Lawrence is a most novel trip for Americans, with the famous rapids, quaint French sights and customs, and historic walled Quebec.

CHAUTAUQUA.

The oldest and most famous summer school of America is about two and a half hours' ride from Buffalo via the Western New York and Pennsylvania Railroad to Mayville or the Erie Railroad to Jamestown. From these points a steamer crosses the lake to the Assembly Grounds. Fare for the return trip three dollars and fifty cents. The regular season lasts from July 1 to September 15. Reduced rates for excursions are not yet announced, but Wednesday and Sunday excursion rates have been as low as one dollar.

EAST AURORA.

This village has been made famous by Elbert Hubbard and his Roycroft Shops with their beautiful hand-made books. A visit to the workshops is most interesting, and few can resist the dainty volumes put forth. *The Philistine, a Periodical of Protest*, issues from the same source. East Aurora is eighteen miles from Buffalo. Return trip via Western New York and Pennsylvania Railroad, ninety-two cents.

THE GREAT LAKES.

One of the most restful trips in America is that of the Great Lakes. It is, however, scarcely advisable to take it strictly for pleasure later than the middle of September.

On the Northern Steamboat Company's boats, the Northwest and Northland, the tour may be made in little less than a week. These boats are first-class floating hotels. The fare from Buffalo to Duluth one way is sixteen dollars; return trip twenty-eight dollars. This does not include berth or meals. Berths range from four dollars and fifty cents a berth, or ten dollars and fifty cents per state-room and up; this for one way. Meals are served *à la carte*. These boats carry passengers only, make but brief stops, except at Buffalo and Duluth, and sail only from the middle of June to the middle of September.

The Anchor line boats make the Lake trip, making more frequent and longer stops, covering thirteen days. The stay at all points of interest is from four to six hours, if not delayed by bad weather. Their ports are Erie, Cleveland, Detroit, Port Huron, Mackinac, Sault Ste. Marie, Marquette, Portage Lake with its famous copper-mines, and Duluth. Fare for the round trip fifty dollars.

This is our "great unsalted sea" voyage, and has the advantage of most sea voyages in that one is never away from land more than twenty-four hours at a time. So that if necessary one may quote the words of the singer "Oh, Mister Captain! stop the ship. I want to get off and walk."

Lois Mastin Diehl,
32 West Genesee Street, Buffalo.

Miss Anna Rutherford, one of the Johns Hopkins Hospital graduates, and Miss Anna L. Alline, in charge of the course in Hospital Economics at Columbia University, are taking the six weeks' course of the Summer School in Philanthropic Work conducted by the Charity Organization Society in New York. The requirements for admission are a degree from university or college, or one year of service in philanthropic work, with a certain amount of preliminary reading. A registration fee of ten dollars is received.

The Charity Organization Society has found this course so much appreciated, that it is proposed to enlarge the scope of the work and extend the course to one year.

A correspondent writes:

"The recent appointment of Miss Anna Rutherford, a graduate of the Johns Hopkins Hospital, Class of '91, to the position of general secretary of the Henry Watson Children's Aid Society, Baltimore, is one of those significant signs of the times which should not go unnoticed. Nurses generally cannot fail to observe the growing tendency of late to turn to the nursing profession in searching for suitably trained women to fill many important and responsible positions such as the one alluded to. There are certain branches of charitable and philanthropic work for which the sound practical training of the nurse should render her admirably fitted, and among these it is obvious that there is hardly any more vital branch than that which deals directly with children. In every large centre of population it is desirable that there should be some society or person to interpose in behalf of such children as are exposed, not only to neglect or cruelty, but

to vicious and degrading teaching and influences through the evil conduct of those with whom they live. To remove these children from such homes and surroundings, to find good, healthful, suitable foster-homes for them, and to maintain a watchful supervision over them as long as may be necessary, is to influence directly for good thousands of young lives and to put in the right way numbers of boys and girls who might otherwise go to swell the criminal population and become menaces to society. Like all work of this nature, zeal and enthusiasm on the part of those concerned in its direction are essential factors, but these must be combined with thorough training in the practical affairs of life and with good and wise judgment.

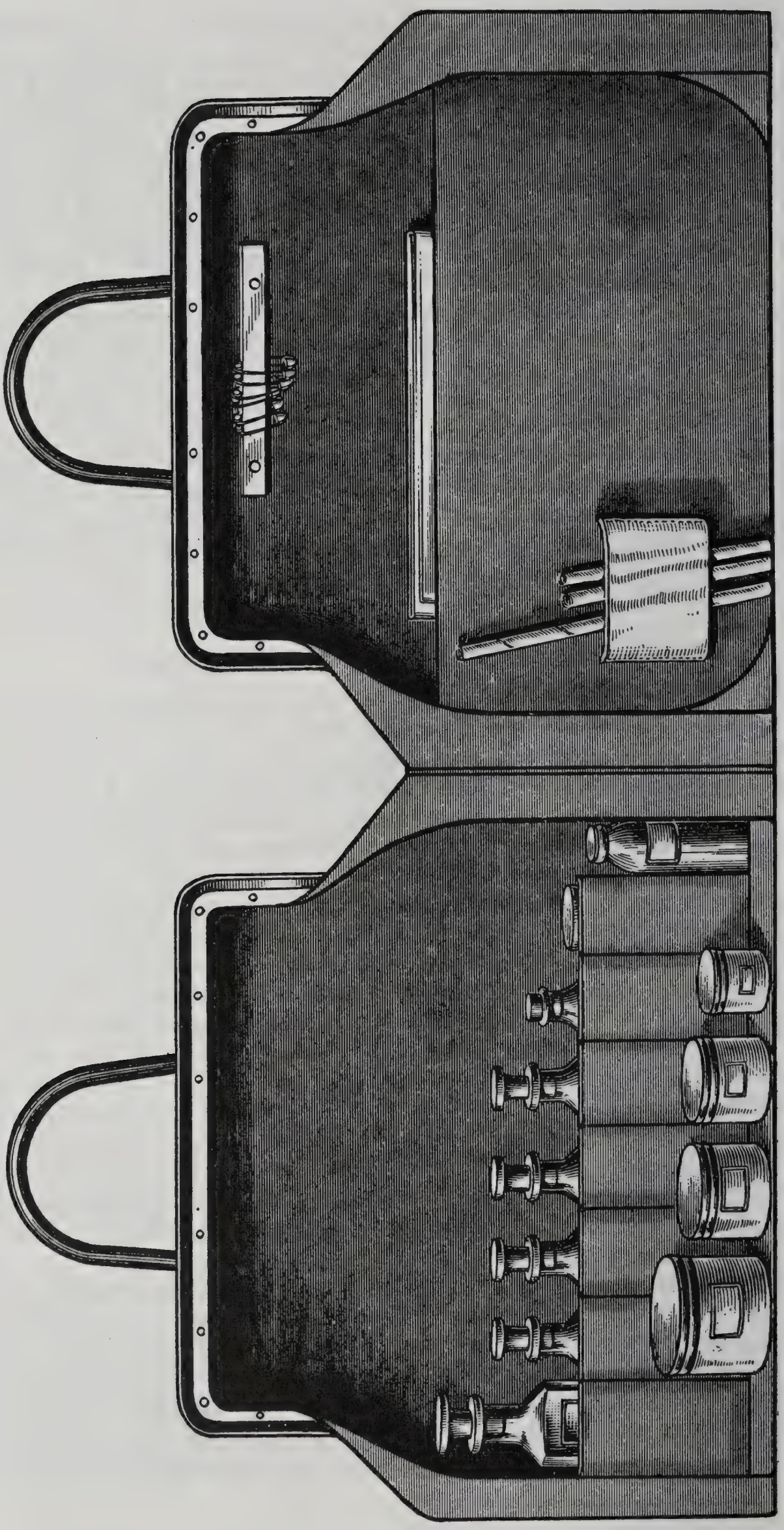
Miss Rutherford's prolonged experience in nursing has furnished her with the careful training and a foundation of experience by which good judgment is formed. She was two years at work in Rome, three years in charge of wards and as night superintendent in the Johns Hopkins Hospital, some months in the Nurses' Settlement, Henry Street, New York, and her latest work prior to this appointment was a most successful year in charge of visiting or hourly nursing, during which time this particular work made great strides. Miss Rutherford is now responsible for the selection of proper homes and for care in these homes of between three and four hundred children, and we feel assured that they are safe in her hands."

NURSES' SETTLEMENT DISTRICT BAG

The Nurses' Settlement in New York has after much experimentation evolved a district nurses' bag which seems quite complete, a description of which follows:

The bag is modelled after a Boston shopping-bag, with some slight changes. It is wider, and has square box ends. It is twelve inches long, five and a half inches wide, and nine and a half inches high. It has brown leather ends, brown cloth sides, and is lined with brown linen. It fastens with a strap and buckle, which admits of extension when necessary. A small leather tag can be used with the nurse's name for the sake of convenience if several bags are in use in one place and are uniform in color. The inside of the bag is fitted up as follows: There are nine straps on one side of different sizes to hold the bottles firmly in place. The straps are made of linen and are quite wide and stiff, so they do not get out of shape with use. There is room to slip a dressing-towel under them for the protection of the bottom of the bag. Over the straps high up on the side there is a linen strap for safety-pins fastened on two buttons, and narrow enough for small-sized safety-pins to slip over it. Either end of the strap can be unfastened, and as many large or small safety-pins slipped off as are needed. On the other side of the bag there is one long pocket running from one end to the other for the stationery. On one corner of that is a wide, stiff strap for holding the pencil, spatula, scissors, and two thermometers. The bag can be carbolized inside and out. The contents are as follows:

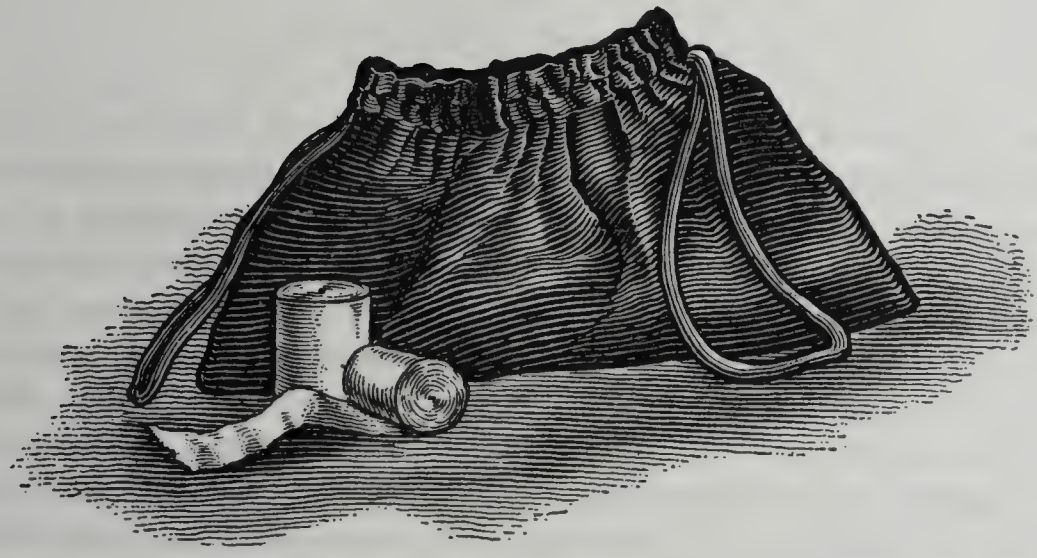
One three-ounce bottle for alcohol; five one-ounce bottles containing respectively listerine, whiskey, glycerine, tincture of green soap, and carbolic acid, ninety-five per cent.; one wide-mouthed bottle with screw-top for bichloride tablets; one one-ounce wide-mouthed bottle with screw-top for boracic acid powder; small screw-top bottle for cascara tablets; one two-ounce porcelain jar containing boracic acid unguent; two one-ounce porcelain jars with ichthyol unguent, ten per cent., and Thiersch powder; one one-ounce porcelain jar for



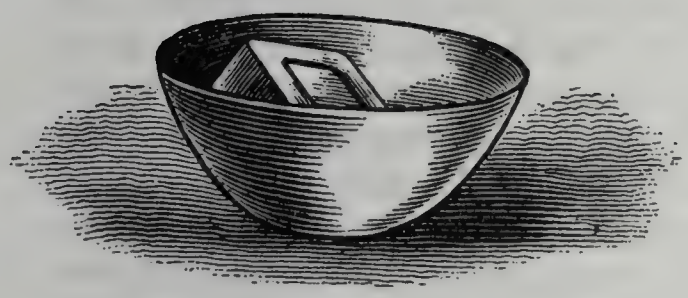
Nurses' Settlement District Bag—interior view



District Bag ready for service



Linen Bag for Dressings and Bandages



Bowl



Bottle and Jar

special dressing containing iodoform, balsam Peru, etc.; half-ounce porcelain jar for vaseline; one white-enamel bowl, used as soap-dish and measure, holding six ounces; one cake of soap; nail-brush; hand-towel; apron of light-weight muslin, made like a butcher's apron; white-enamel funnel; spatula; pencil with tip; two thermometers—rectal, mouth; scissors; instrument case of linen, containing rubber and glass catheters, a syringe and a dropper of glass, forceps, probe, and wooden picks; toilet powder in shaker; safety-pins, large and small; linen bag for gauze and unbleached bandages; linen bag for dressings, containing gauze rolls, absorbent and non-absorbent cotton, linen, and pads; stationery, consisting of bedside notes, brown envelopes in which to keep them, and pad; rubber tissue; adhesive plaster.

The bottles are labelled on the side and on the stopper for convenience, and the labels can be varnished.

The linen bags for the dressings and bandages are made of heavy brown linen ten and a half inches long by five and three-quarters inches deep. This shape makes the contents of the bags most accessible. They are drawn up with tapes. The instrument case is made of the same material and is double. It is twelve inches long, including the point that folds over, and eleven inches wide, which allows for a small piece to fold over at each side. It has one pocket for holding the rubber catheter, which measures five and a half inches long by three and a quarter deep. The instruments are held in place by a strip of the linen two and a quarter inches wide, instead of by tapes. The bag, exclusive of the fittings, costs three dollars and fifty cents.

M. M. B.

It is with surprise and regret that we notice in *Charities* the following editorial comment on the Cook County Hospital management in Chicago:

"The appointment of Mr. Daniel D. Healy to the position of warden of the Cook County Hospital in Chicago is the result of an investigation recently made of that institution, in the course of which many glaring abuses were discovered. The Investigation Committee demanded a more centralized responsibility in the management of the hospital, and especially that a physician be appointed to supervise the medical care of the patients. Certain charges of cruelty and neglect of patients were not sustained by the investigation, but it was made plain that such evils were possible, since the nurses were responsible to no one save to the Illinois Training-School for Nurses, which supplies them to the hospital under contract."

Charities, as we all know, is naturally on the side of good morals and pure management of public institutions, but this editorial has gotten so entirely the wrong idea that the effect, to those acquainted with the County Hospital, is actually bewildering.

The management of the hospital is so notoriously corrupt that undoubtedly glaring abuses could always be found in it. The warden alone is often powerless to remedy them. A system of the most unblushing spoliation and greed and indifference to the public claims are the primary and glaring abuses which are always crying to heaven to be discovered in the County Hospital of Chicago.

As a matter of fact, the warden, who has just been deposed by a most shameless piece of political manipulation, Mr. Graham, was the best warden the hospital has ever had, so far as the care of the sick was concerned, and the

most strenuous efforts were made by the best medical element to have him retained, but vainly. He has had to go.

The one pure, clean element in the County Hospital has always been the Training-School for Nurses, under the management of a board of women known over the whole country for high-minded intelligence and disinterested reform work of all kinds. Absolutely free from political influence, it has been supported in the hospital by public opinion, and the Commissioners have never dared openly to outrage that public by discontinuing their contract with the school, although yearly these same underhanded attempts are made to shake public confidence in the one department which is controlled by the merit system. The political element desires, more than anything else, to replace the nurses of the Training-School by the friends of their own henchmen; it would oblige a hundred and seventy-five friends, and would distribute quite a good many thousand dollars a year among their own kind of people. This money paid to the Training-School does not cover, by the way, the cost of the nurses supplied to the hospital. To read, then, that "such evils (as cruelty and neglect of patients) are possible, since the nurses are responsible to no one save the Illinois Training-School," is like being told that the work of the Charity Organization Society would be more responsible if managed by Croker.

It is quite true that occasionally a nurse is found to be unprincipled; even, it may be, hard-hearted and unkind to patients. But when under the control of the Illinois Training-School such women are promptly weeded out, whereas under the County Commissioners they would remain and their faults would be covered up.

The last report of the Chicago Visiting Nurses' Society is very interesting, and should be read by all engaged in similar work. The entire organization is conducted by women, and its work and results reflect the greatest credit upon their management. The association employs fifteen hospital trained nurses, who cover the whole city in their districts. Emergency attendants are also employed, of whom the report speaks as follows: "We have now a corps of twenty emergency attendants. The service of these women is invaluable; they are not skilled; the association does not claim this. That the people should not require of these more than they profess to know it was thought best to issue notices to the doctors and the public as follows: 'The association sends out this attendant, who does not claim to be a trained nurse, but is experienced in the care of the sick. Her charges are from seven dollars to twelve dollars per week, according to circumstances. She is supervised by the graduate nurse in charge of the district. The responsibility of retaining her must rest with the doctor and the patient.'

"In this branch of its work the association does two things—helps these women to earn their living and gives the wage-earner an opportunity of having nursing care, for which he would not be able to pay graduate nurses' prices. In many ways we regret that State Registration for nurses will oblige us ere long to do away with this branch of our work, for too many are usurping the rights and privileges of women who have given money and time for their profession, and these same women should be relegated to the positions from which they came or forced to give the time to a proper hospital course."

CHANGES IN THE ARMY NURSE CORPS

CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING JUNE 6, 1901

Berridge, Mary R., formerly on duty at the Second Reserve Hospital, Manila, Philippine Islands, discharged from the Corps.

Danford, Caroline L., transferred from the Military Hospital, Dagupan, to the First Reserve Hospital, Manila, Philippine Islands, awaiting transportation to the United States.

Deasy, Mary C., transferred from the Military Hospital, Lucena, to the First Reserve Hospital, Manila, Philippine Islands.

Duckworth, Lottie B., transferred from Santa Mesa Hospital to transport duty en route to the United States. At home on waiting orders.

Fairbanks, Helen G., under orders for transfer from the Military Hospital at Nueva Caceres to the First Reserve Hospital, Manila, Philippine Islands.

Gertsch, Bertha M., under orders for transfer from the Military Hospital at Nueva Caceres to the First Reserve Hospital, Manila, Philippine Islands.

Hinkle, Julia, formerly on duty at the Military Hospital at Dagupan, Philippine Islands, discharged.

Lindley, Laura L., transferred from the Second Reserve Hospital, Manila, to the Convalescent Hospital, Corregidor Island, Philippine Islands.

Pickel, Helen M., transferred from the Military Hospital at Lucena to the First Reserve Hospital, Manila, Philippine Islands.

Redecker, Henrietta L., under orders for transfer from the Military Hospital at Nueva Caceres, Luzon, to the First Reserve Hospital, Manila, Philippine Islands.

Reed, Augusta G., transferred from the Santa Mesa Hospital, Manila, Philippine Islands, to the Military Hospital at Dagupan, thence ordered to the First Reserve Hospital to await transport duty to the United States.

Robbins, Annie A., formerly chief nurse at the Santa Mesa Hospital, Manila, discharged.

Salter, Marguerete, transferred from the Santa Mesa Hospital, Manila, to duty at the Convalescent Hospital, Corregidor Island, Philippine Islands.

Valentine, Minnie I., transferred from temporary duty at the United States Army General Hospital, Presidio of San Francisco, California, to the United States General Hospital, Fort Bayard, New Mexico.

Ward, Eugenie M., under orders for transfer from the Military Hospital at Nueva Caceres to the First Reserve Hospital, Manila, Philippine Islands.

Whelpton, Sarah, promoted to the position of chief nurse at the Santa Mesa Hospital, Manila, Philippine Islands, to date from April 20, vice Annie Robbins, resigned.

Yeamans, Laura Etta, transferred from the Santa Mesa Hospital, Manila, to the Military Hospital, Vigan, Philippine Islands.

Zellar, Clara M., transferred from the Santa Mesa Hospital, Manila, to duty at the Military Hospital, Dagupan, Philippine Islands.

Moore, Cynthia E., died at the United States Army General Hospital, Presidio of San Francisco, May 11, 1901, of organic disease of the heart, the result of an attack of rheumatism early in life. She resigned from the army some months ago, but was cared for at the Presidio until her death.

THE EDITOR

THE Editor-in-Chief of THE AMERICAN JOURNAL OF NURSING is taking a vacation, preparatory to devoting her whole time to the JOURNAL, and her substitute apologizes at the outset for any deficiencies which may be noticed. Her short experience has already made her realize afresh what a substantial debt we owe our Editor, who undertook to add such an exacting piece of work to the heavy responsibilities of a hospital.

THE plans for the Nurses' Congress are working out well, and the prospects are that we shall have a most satisfactory gathering, both in numbers and enthusiasm.

Our home nurses are bestirring themselves to send delegates, and the greatest interest is being felt in our foreign guests, how best to "give them a good time," and to make the most of their short stay. It is unfortunate that, all being the busiest kind of busy women, their time will necessarily be limited; and so it is much to be hoped that our local Entertainment Committees will vie with each other in planning out programmes. It will be hard indeed to surpass the hospitality which was shown to American nurses at the time of the last International Congress in London.

We would suggest to our Entertainment Committees not to overdo showing the visitors through hospitals, but to try and let them see as much as possible of other things, more especially anything that is different from what they have at home, for it is novelty that attracts one when abroad, and they will all be interested to see what is genuinely American, both in sights and in manners.

It is much to be hoped that a wide variety of opinions and many diverging points of view will be presented at the Congress, for beside being so much more interesting, nothing does one so much good as having people disagree with one. It keeps one balanced.

We are inclined to think that some misunderstanding exists in certain quarters about the actual purpose of our Congress, since refusals have come in to the committee, expressing the kindest interest, but regretting on the ground that to be present might seem equivalent to supporting views and policies not actually held by the writers.

This seems to us distinctly an unfounded fear, since our one purpose in our Congress work is to *compare* ideas and to become acquainted with each other. The same baseless fear appears in the correspondence

lately published in the London *Times* regarding nursing questions, wherein dissatisfaction was expressed lest certain tendencies in English nursing thought should be heard here and be supposed to represent all of English nursing.

Now we are sure we speak for the whole profession in America in saying that all shades of thought will be welcome, and each one will be taken just for itself, and not for anything else. We have invited all the various elements in English nursing, as well as every shade of variety on the Continent and in other countries, as far as we have learned of them, and cordially urge them all to come. No one need wear a label, and all that is needed, in order to secure proper representation of every interest, is for every one to be present and share in our proceedings. Or, if they cannot come, they could write papers, which will be published hereafter in our reports.

Perhaps in our happy-go-lucky way we do not always take other people seriously enough, and it was a little terrifying to hear that one of our foreign correspondents asked whether our Nurses' Congress had been officially recognized by the government of the United States!

In a former editorial our readers were reminded what a vast mission work nurses might carry on, as they went about among their private-duty cases, simply by talking suggestively and intelligently on questions of public health and sanitation, notably in regard to the measures necessary for limiting the spread of tuberculosis.

We wish to recur to this theme, and urge upon our rank and file the definite satisfaction which may be found in supporting and helping to make known the various movements towards prevention of this dreadful disease—not simply prevention by means of burning, boiling, and disinfection, but prevention which aims at keeping well people well by seeing that the houses they live in and the places they work in are not allowed just to be forcing houses, pure and simple, for all kinds of contagions. Two such movements are described in our last issue in the "Reports from the Tenement-House Commission" and the article on the work of the "Consumers' League."

As to the former we can do little but talk, though even thus we may do good by planting in various minds a crop of new ideas, but as to the latter we can be of definite and material help every time we go to purchase a piece of ready-made clothing. As Mrs. Kelley said in her article, the greatest energy of the league is now devoted to investigating the houses and factories where clothing is made, in the hope that when the public is fully acquainted with the horrors of the sweat-shop, public opinion will refuse to support manufacturers who grow rich at the ex-

pense of the lives and health of their employees, and will encourage, morally and financially, the more enlightened firms who wish to provide decent living conditions for their workers.

Nurses, from the nature of their work, are almost certain to buy most of their under and outer garments ready made. We think too that, ignorant of the circumstances of their fellow-beings who work at the machines in the factories, they too often go to the bargain counter or to the stores where great sales of cheap clothing are advertised, quite unconscious of how much harder they are making it for the workers to live. We have seen these horrible sweat-shops, the thought of which rises like a nightmare behind every counter of cheap clothing. It is there that people are made ready and started in tuberculosis, and that germs of scarlet fever, measles, and skin and eye diseases are cultivated so thoroughly that all our boiling and baking afterwards are of little account.

What we can do is for each one, when purchasing, to ask if the firm has the desired article bearing the label of the league, and to explain that we wish it because it means fair conditions of work for the worker.

In almost every large city now are to be found retail stores which keep these decently made goods, but even if they cannot be found, we keep on asking for them before we finally purchase, for in this way the demand is created, and presently the retailer will be induced to buy from the manufacturer who sells the righteously made clothing.

Every month, through this pressure of public opinion, one or two new factories are added to the list of those who are granted the label, and the secretary of the league is constantly investigating others, too often to find that their conditions are too bad even to be considered.

If every woman would do her share, in sympathy for the workers and in horror of disease and filth, every article of woman's clothing could soon be included in the list of those bearing the label which stands for preventive hygiene and sanitation.

We know various nurses in New York State who must be directly or indirectly affected by the law lately passed in that State giving property holding women the right to vote on appropriations of money in towns of the third class and villages.

Some own little houses themselves, or their sisters and mothers are taxpayers. We sincerely trust, and we also believe, that their training has made them better fitted to accept this new duty with the purpose of performing it conscientiously and with intelligence, for this will be the best way of getting the same right extended to other places.



THE ARSAKEION

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ORIGINAL COMMUNICATIONS

THE PROGRESS OF WOMEN IN MODERN GREECE*

BY DR. ACHILLES ROSE
New York

[Dr. Achilles Rose is known as an ardent Phil-Hellene who has made interesting and valuable contributions to the study of Greek life and civilization. While a profound admirer of ancient Greek literature, he is deeply interested in the development of modern Greece, its life, language, and institutions. His book, "Christian Greece, Living Greek," has won many commendations from reviewers. In this article he speaks with personal and professional authority.—S. J. B.]

KALOS, in Greek, was once the word for beautiful; but since the ancient Greeks thought that everything beautiful was good, this word, kalos, became a synonym for beautiful and good.

In the sense that beautiful and good are one and the same, the greatest philosopher of modern times, Emmanuel Kant, has spoken of woman as the representative of beauty; and in this sense I shall speak of the women of Greece of to-day as the ideals of beauty.

It was a brilliant, a joyful day when, in the year 1886, the Arsakeion of Athens celebrated the fiftieth anniversary of its existence. It was a feast worthy of the Hellenic nation, the most memorable since Greece had regained her independence, a feast which reminded the present generation of the noble spirit and the virtue of their ancestors of recent time.

When a part—a part only—of Greece had regained freedom, after having suffered for almost four hundred years in Turkish slavery, one

* Lecture delivered April 18, 1901, before the Alumnæ Association of the New York Training-School for Nurses attached to Bellevue Hospital, New York.

of the first things to which the people devoted their attention was public instruction.

John Kokonis, a prominent pedagogue, held the opinion that the state of civilization, and the power of a nation before all, were dependent on the influence of the mothers upon their children, because the children received their first education from the mother, and because the influence of mothers in society produced great and good results; further, he held that the position of woman was one of the most important indications by which the national character and the state of civilization of a people could be judged. For these reasons Kokonis proclaimed that in Greece, where higher schools for boys had already been established, higher schools for girls were needed immediately, because it would be unjust to deny to women the same standard of education which was accorded to men.

The income of the Greek government at that time was so small that funds for such schools could not be expected from this quarter.

The little Greek nation had made tremendous sacrifices during a war of seven years, had fought until her land had been devastated and her race decimated. The sword, famine, and disease had reduced the population to about one-third of its original number, and this third to a state of most complete destitution. There has been no war in modern times in which an equal loss of property and life has been sustained by any people, who, despite this suffering, have remained unsubdued. From 1825 to 1832 Greece was deprived of all internal revenue. Her commerce was completely annihilated. Even with the immense supplies which Greece received from the Philhellenic Committees of Europe and America, the revolution seemed not infrequently to be in danger of collapse from actual starvation of the whole population. All agricultural stock was extirpated; houses, barns, and stables were destroyed; fruit-trees and vineyards rooted up.

It was shortly after this cruel war had ended that, at the instigation of Kokonis, there came together in Athens, on July 25, 1836, seventy-two men, whose purpose was to found an institution in which girls should be educated to teach in schools throughout Greece, even in the out-of-the-way villages.

The money to execute this plan was raised by public subscription. The appeal, directed to the love of the Greeks for knowledge, was received with joy alike in the palace of the king, the houses of the rich, the cell of the monk, and the hut of the peasant,—indeed, by all Greeks; those in the liberated fatherland, those who still suffered in Turkish bondage, the Greeks living in foreign lands—all gave according to their ability.

The constitution of this Educational Society, as it was called at

first, forms a bright page in the history of Greece, and has proved a blessing not only for the little Greek kingdom, but wherever Greek hearts are beating, wherever the Greek language is spoken.

What success the Educational Society has had can be seen from the words of a French writer, published about twenty years ago: "There no more exists a mountain without a valley than a Greek village without a school."

In the first school year, the year 1837, the society commenced its work with a capital of five thousand drachmas;* in the year 1886 it had a budget of three hundred thousand drachmas. During the first school year the number of pupils, boarding and day scholars together, was seventy; in the year 1886 it had risen to two thousand.

For the first three years a house was rented, every succeeding year a larger one; and when, after the third year, there was no house in Athens large enough to accommodate the now much increased number of pupils, the erection of a school building was decided upon.

The society kept on building so long as the means lasted. The timber was presented by Greeks in Roumania, and a ship of the Greek government brought it to Athens. When the funds were exhausted and the society had to discontinue the work of erecting the school-house there appeared on the scene a man who provided the means to finish the house. This man was a physician and a philanthropist. His name was Apostolis Arsakis, and he was of Epirus, a part of Greece which to the present day is suffering under Turkish bondage.

The idea promulgated by Kokonis, that the education of woman is essential for the development and the happiness of a nation, found an echo in his soul. He gave two hundred and fifty thousand drachmas to finish the school-house, and paid back to the Educational Society all the money it had already expended on the building, namely, one hundred thousand drachmas. Thus he alone paid for the whole structure. Then he deposited two hundred thousand drachmas in the National Bank of Greece, with the condition that the interest of this capital should be applied towards maintaining the school.

When the house was finished the Educational Society decided that the institution should for all time bear the name of Arsakis, and the word Arsakeion was written in golden letters on a white marble tablet placed over the large entrance—as you see it on the picture. He also gave funds for a school for girls in Epirus, a school to be under the control of the Arsakeion.

Not only Arsakis, but many others, have contributed to enrich the institution. The names of those who have given most generously are

* A drachma is about twenty cents.

written on marble columns which stand in the large hall of the entrance. Here we read the name of the philanthropic Helene Tositza, who provided for a department of the school which bears her name; of the illustrious Pana, who provided for a department for the small children, a department which corresponds with our kindergarten; of the noble Lady Sina; here we find also the names of Philhellenes,—Canning, Eynard, and the Duke of Montpensier.

During the first fifty years of its existence more than two thousand teachers have received their diplomas in the Arsakeion, and they have taught and teach in every city and every village of Greece, and in many places in the Orient where Greeks are living, as well as in French and in English cities.

Each time that I go to Athens, and every day while I am there, I find something that is noble and beautiful of which none of the visitors before me has written. I have spent hours in our Astor Library examining the magazines, but in none have I found the Arsakeion mentioned.

Now I shall speak of another institution which I am certain will excite your interest not less than the Arsakeion, and whoever of you may have the good fortune to see Athens will be prepared by this modest description to visit the Evangelismos.

Until the year 1884 Athens had only one hospital, namely, the Municipal Hospital, called Elpis (Hope). In the year 1872 there was organized, under the inspiration and protection of Her Majesty the Queen, the Gynaikeias Paideuseos Syllogos, which is a society for the improvement of the education of women. The Ergastirion of this society is the great workshop for artistic handwork. Over four hundred industrious women find steady occupation here. It is not a factory owned by some mercantile firm, but the workshop of the society, founded and sustained in the interest and for the benefit of Greek women of the working class. Silk fabrics are woven there that surpass the best French work; some of them, interwoven with gold thread, are finer than can be found anywhere else. There are head-dresses, veils, and bridal garments so fine that several yards of them can be placed in a nutshell. The women work in airy and bright rooms with high ceilings, the windows open, and the workers are not under the control of a foreman, but work under the instruction and guidance of motherly friends, aristocratic ladies of Athens. All is handwork, nothing machine-made. Here we have original Oriental patterns in carpets, and these carpets are superior to any carpets made in America; they are taken to the river at Easter-time and washed in the water without injury to the color. There are undergarments, solid, durable, and artistic. The aristocratic families in Athens have found how much more beautiful the Greek work is than that bought



OLGA, QUEEN OF THE HELLENES

in Paris, and it has become fashionable among ladies of the higher circles to have their trousseaux made in the Ergastirion of the Society for Education of Women in Athens, instead of ordering them, as was done formerly, from Paris.

This Ergastirion is the centre for women's work throughout Greece. Gold embroideries on silk and velvet, such as are made in Eubœa, in Epirus, and in some of the islands of the Ægean Sea, and sent to the Ergastirion in Athens, are products of a taste that has been evolved and transmitted through centuries; their equals cannot be found in any Parisian shop. From the Ergastirion in Athens the peasant women in the provinces are supplied with artistic patterns, their taste is educated and its purity maintained, and of all kinds and on many subjects advice is given by the ladies of Athens to the women in the country who work for the Ergastirion.

Among the objects of this society from its start has been that of elevating the status of women nurses to one of dignity, which previously had not been accorded the profession. Nursing the sick as an occupation was practised by women of the humblest classes, and the status of such women was considered no higher than that of washerwomen or women going out to do house-cleaning; there existed at that time among the ordinary people no idea that nursing the sick was a noble vocation, worthy of well-educated, well-trained women.

In the year 1875 the Queen requested Dr. Nicolas G. Makkas to write a text-book for the instruction of nurses. This book of one hundred and seventy-six pages was published in the same year. The first chapter treats of the virtues and the utility of nurses. In the year 1876 the Queen appointed a committee of distinguished men, presided over by the Metropolitan of Athens, to collect money for the erection of a hospital. This committee succeeded in securing the necessary funds, and in the year 1881 the foundation of the new hospital, to be named Evangelismos, was laid, and in the year 1884 the building was dedicated. To give an account of the contributions made by philanthropic citizens of Athens, of Greeks living in foreign lands, and of English and Russian Philhellenes would fill pages, because, as everyone has given generously, according to his means, justice would require that I should enumerate a great many, not only those who gave a million, or even millions, but also the great number of those who subscribed five thousand or ten thousand drachmas. The same may be said of prominent Athenian ladies who are aiding in this work of charity. I saw a committee of these ladies who devote time and labor to the Evangelismos, presided over by Madame Sungros, while in session. One wing of the magnificent building bears the name Sungros, another the name Theodoridis. These wings were

named after the two great philanthropists who paid the entire cost of their erection.

It is to some extent due to the warm interest and the personal devotion of the Queen to this hospital that the contributions from the beginning came in so richly and continued to flow all the time, but the truth is that there exists no place on earth, no city in the world, which is, in proportion to its size, so generous as Athens in the matter of philanthropy. The Athenians have quite a number of men who may well be compared with our own Peter Cooper, men who gave their millions, not as legacies, but while alive.

In the first year (1884--5) the number of sick treated was three hundred and one. In the year ending March, 1900, the number was nineteen hundred and ninety-nine. Of these twelve hundred and ninety were medical and seven hundred and nine surgical cases. The expense in this last year was two hundred and thirty-two thousand three hundred and thirty-three drachmas. The last report records a legacy of Andrew D. Sungros of two million drachmas.

In speaking of the site it is impossible to exaggerate, for the Evangelismos is the most wholesome, the most beautifully situated hospital in the world. It stands on high ground, with a magnificent view upon a scene dominated by the picturesque Agios Georgios. There is a current of air from the mountains of the north which secures freshness even at noon during the summer-time. These breezes from the north, which were much prized by the ancient Greeks, are most salubrious for Athens. It is on account of this fresh mountain air, modified sometimes by sea-breezes, that the Americans and the English have selected the places for their archæological schools in the neighborhood of the Evangelismos. It is well known that on account of the purity of the air in Greece, especially in Athens, septic diseases are of extremely rare occurrence. The hospital is so well regulated that even patients of the higher class come to it for treatment.

As has been mentioned already, it is the Queen who inspired and still inspires and protects the work; but, unlike instances of this kind, in which patronage by a high personage means not much more than giving the name, receiving reports, and contributing money, we have here an example of devotion without equal. The interest which the Queen takes in the welfare of the hospital is admirable indeed. While in Athens she takes personal notice of most minute details, visits the hospital daily, goes to a bedside to console the suffering sick like an angel, and is alike kind to the better educated and the most humble. It has happened that the Queen herself has procured and brought articles of different descriptions that patients had been longing for.



A GREEK LADY

It is well known that the Queen, unlike some other crowned women of Europe, never enters into politics, but devotes her life exclusively to her family and to works of charity. Her charitable interest, however, is not confined to the noble institutions for the improvement of the condition of women of the working-class and the Evangelismos, in which two institutions she is the ever-active, the leading spirit, controlling the very details, so that nothing is done without her knowledge and approval; she is even known to visit incognito the sick poor in the city of Athens.

The two physicians who took charge of the two departments, Dr. Makkas, of the internal, and Dr. Galvani, of the surgical, when the hospital was opened have been and are still the heads of these departments, are still the physicians in charge of the Evangelismos.

It is difficult to understand why communications from visitors to Greece are as a rule unfavorable to this unfortunate country. If it is true, if you agree with the idea that the position of woman is one of the most important signs of the character of a nation and of its civilization, you must surely confess that the Greeks merit our esteem in a marvellous degree.

Once I had the honor to address a select American society on my friends the Greeks. Among the audience were a number of professors of the Columbia University of this city, and one of them who had lived for a long time in Greece said in the course of the discussion, "There exists no people among whom woman is more highly esteemed than the Greeks of to-day, and this fact alone augurs for the nation a happy future."

THE INTERNATIONAL COUNCIL OF NURSES

A MESSAGE FROM ITS PRESIDENT

THE INSPIRATION

A WELL-DEVELOPED sense of corporate responsibility in individuals is the only sure foundation on which to build the liberties of peoples. Failure on the part of powers to cultivate the sacred sense of human responsibility has resulted in the enslavement of persons and in the degradation of nations. Hence honor, the height, the flower, the cornerstone of morality, must be the inspiration of individual conduct and the fount from which true greatness springs. The people must have knowledge to make them strong and worthy of power, and to make a human

named after the two great philanthropists who paid the entire cost of their erection.

You cannot take a human being and clothe and feed it as you would a doll, and expect aught but an echo should you tap its brain, or an outflow of dry dust whence the red blood-corpuscles should spurt. Government by animal force develops cunning, as opposed to courage, in the weak as a means of self-preservation: and yet it is the heroic virtues which must be sought after and exercised by those who hope to rise and to enjoy in all its fulness the strenuous life.

And yet virtues, to remain heroic, must be held together by the supple, rose-red ribbon of sympathy.

And fellow-feeling leads to concerted action, which forges the golden links of that international chain which will in future ages bind the peoples of the earth together, and by which they may ascend unto the everlasting hills.

THE INTERNATIONAL IDEA

The rapid march of science, and its great outcome of ever-widening enlightenment and ever-contracting ignorance, must render it more and more impossible as time goes on for the different nations of the world to remain in racial antagonism, or continue to be inspired by the pride of assumed supremacy. Indeed, there are even now signs in many directions of a desire that international friendship and mutual appreciation shall supplant the distrust and discord begotten of ignorance and greed. And with this aspiration stirring in the hearts of the worker, the philosopher, and the children of science, what could be more natural than that the women of all nations whose earthly work has to do with healing should aspire to forge a link in this fine chain of fellowship which shall bind together for mutual well-being the peoples of the world? Then the insignia of brute force will be obsolete, and united humanity will march forward to victory under the banner of knowledge.

There is nothing heroic or commendable in the isolation of nations. Such isolation is necessarily injurious to the national growth and intellectual expansion, and can only tend to the advantage of privileged classes of persons, maintained in idleness by the ignorance of what are termed in Europe "the lower orders."

Great Britain is notorious for its insular prejudices, but free intercourse with its progressive, self-governing colonies and with the Americas may prove its salvation. We workers are beginning to voice the necessity for space and light and to claim the right to live and move and have our being, and, moreover, to realize that the round world and all that dwell therein are but infinitesimal atoms in the universal whole.

THE TONGUES OF MEN AND ANGELS

It was in 1893 that I had the privilege of attending in Chicago the meeting of the International Council of Women, and of hearing the "International Idea" sympathetically and beautifully explained by Mrs. May Wright-Sewall. I was a charmed listener, and grasped the meaning of her inspired oration, the text of which is to be found in the preamble of the constitution of the Council: "Sincerely believing that the best good of humanity will be advanced by greater unity of thought, sympathy, and purpose, we hereby bind ourselves together in a confederation of workers committed to the overthrow of all forms of ignorance and injustice, and to the application of the Golden Rule to society, law, and custom." Thus is the seed sown. What more natural than that trained nurses—a mighty army of workers ever increasing in civilized lands—should bind themselves together in a confederation for the application of the Golden Rule? Here in our exclusive little islands, governed by hereditary legislators, and where the idolatry of the Golden Calf scarifies poverty with a relentless knout, what chance of professional self-government can there be for the unenfranchised woman worker? What wonder then that British nurses under existing conditions should turn with hope to their colleagues in other and more favored lands and invite the help and strength to be gained from international union?

The idea of an International Association of Nurses appealed strongly to me. It proved to be acceptable to others, and the opportune moment for suggesting its formation arrived when the International Council of Women held its quinquennial meeting in London in 1899, and when Mrs. Sewall—the incarnation of the international idea—was in our midst. Representative nurses from America and other countries were also in London, and at the Matrons' Council Conference held during the Congress week I had a unique opportunity of suggesting a scheme for the formation of an International Council of Nurses in the following words: "I desire to bring before this meeting a question which I believe to be of international interest and importance. The nursing profession, above all things at present, requires organization; nurses, above all other things, at present require to be united. The value of their work to the sick is acknowledged at the present day by the government of this and of all other civilized countries, but it depends upon nurses individually and collectively to make their work of the utmost possible usefulness to the sick, and this can only be accomplished if their education is based on such broad lines that the term 'a trained nurse' shall be equivalent to that of a person who has received such an efficient training and has also proved to be so trustworthy that the

responsible duties which she must undertake will be performed to the utmost benefit of those entrusted to her charge. To secure these results two things are essential: that there should be recognized systems of nursing education and of control over the nursing profession. The experience of the past has proved that these results can never be obtained by any profession unless it is united in its demands for the necessary reform, as by union alone can the necessary strength be obtained. This union has been commenced in this country and in the United States. It remains for the nurses of other lands to follow our example and unite amongst themselves; but I venture to contend that the work of nursing is one of humanity all the world over, and it is one, therefore, which appeals to women of every land without distinction of class or degree or nationality. If the poet's dream of the brotherhood of man is ever to be fulfilled, surely a sisterhood of nurses is an international idea, and one in which the women of all nations, therefore, could be asked and expected to join. The work in which nurses are engaged in other countries is precisely the same as that in our own. The principles of organization would be the same in every country, the need for nursing progress is the same for every people, and my suggestion briefly is, therefore, that we should here and to-day inaugurate an International Council of Nurses, composed of representatives of the nursing councils of every country, a body which shall in the first place help to build up nursing councils in those countries which do not now possess any nursing organization at all, which shall afford to the nurses of all nations opportunities for the interchanging of thought and counsel, the broadening of sympathies, and the abolition of prejudices. I beg, therefore, to propose:

"That steps be taken to organize an International Council of Nurses."

This resolution was seconded from the chair by Miss Isla Stewart, president of the Matrons' Council, supported by Miss Huxley, of Dublin, and Mrs. May Wright-Sewall, and carried unanimously. A Preliminary Committee was appointed, the Council founded, and later, by international selection, the officers were elected.

The constitution as adopted was prefaced by the following preamble:

"We, nurses of all nations, sincerely believing that the best good of our profession will be advanced by greater unity of thought and sympathy of purpose, do hereby band ourselves in a confederation of workers to further the efficient care of the sick, and to secure the honor and the interests of the nursing profession."

The objects were defined as follows:

"(*a*) To provide a means of communication between the nurses of all nations, and to afford facilities for the interchange of international hospitality.

"(*b*) To provide opportunities for nurses to meet together from all parts of the world to confer upon questions relating to the welfare of their patients and their profession."

It is an augury for future success that representative superintendents of nurse training-schools in Great Britain, the United States of America, the Dominion of Canada, the Commonwealth of Australia, New Zealand, Germany, and Holland have already accepted office on the International Council.

THE INTERNATIONAL NURSING TREE

Professions, like nations, can only flourish by the development of the individual sense of corporate responsibility. The first aim, therefore, of the International Council of Nurses is to organize nurses all the world over and make them articulate. Thus in the formation of national councils or federations of nurses *graduate suffrage* must ultimately be adopted as a fundamental principle.

Thus the first and most important work of the International Council will be to confer upon questions relating to the definition of the basis of education and qualifications for a trained nurse. At present no minimum standard of education, examination, or qualification exists upon which a trained nurse can demand legal status.

Rooted, therefore, in the graduate vote, the Nursing Tree will branch by delegation into alumnæ associations, blossom by delegation into national associated alumnæ, ripen into national councils of nurses inclusive of superintendents' and nursing societies, the ripe fruit of which will be seen in the International Council of Nurses, composed, we hope, in time of the delegates of national councils from every civilized country on the face of the earth.

An ambitious scheme. Why, certainly. Yet it is simple. I like big things. It is easy to predict that great importance will be attached to decisions arrived at by a body of nurses so representative of all shades of nursing opinion as those delegated to act on the International Council. It should ultimately become the deliberative assembly and supreme court of appeal of the nursing world.

THE COMING CONGRESS

It is a happy arrangement that the meetings of the International Council of Nurses are to be held at Buffalo in the same week as the

International Congress. Delegates will be present from Great Britain, Canada, and Federated Australia, besides those in the United States, and we may hope that in addition to the business meetings of the Grand Council others of a less formal nature will be held, so that its objects may be brought before the members of the Congress, and an opportunity afforded for discussing and arousing interest in its future work.

In your "dear land of Liberty" the environment will be eminently sympathetic and encouraging to any phase of the international movement. Au revoir.

ETHEL GORDON FENWICK.

A HISTORY OF THE BUFFALO GENERAL HOSPITAL TRAINING-SCHOOL FOR NURSES*

BY LOIS MASTIN DIEHL

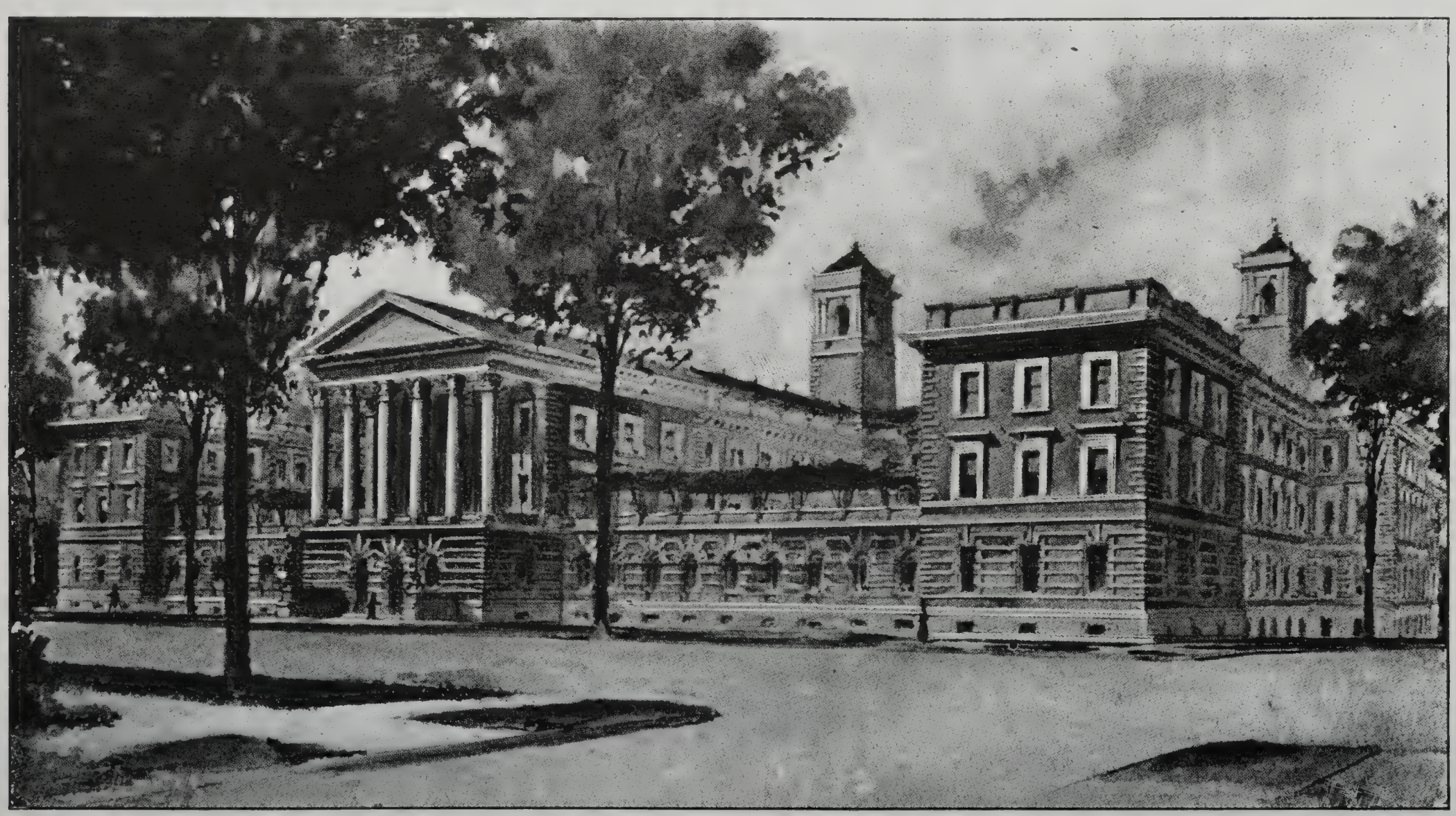
IN giving the history of the Buffalo General Hospital Training-School for Nurses it seems necessary to refer also to some points in the history of the hospital itself, our Training-School not being an independent institution, as are some other schools.

About 1849 the first hospital of Buffalo—that of the Sisters of Charity—was established. The old building is still standing, having been converted into tenements.

In 1855 the need of another hospital was felt, and in December of that year the Buffalo General Hospital was organized. The work evidently progressed slowly, though surely, for it was June 24, 1858, when the building was dedicated with appropriate ceremonies and addresses by ex-President Millard Fillmore, Hon. James Putnam, Mr. Jesse Ketcham, and others.

The original hospital was what is known as the "Old Building." From December 1, 1863, to October 2, 1864, the building was used for a United States Hospital. Dr. D. W. Harrington was one of the soldier patients, afterwards studying medicine. During its use by the United States an outbreak of hospital gangrene occurred which was attended with great fatality. The patients were kept in tents on the grounds when the weather permitted. Dr. John M. Brown, of Westfield, then house physician, relates that, making his rounds through the tents one morning, he found a well-meaning but mistaken lady visitor distributing from her carriage to the patients green cucumbers and other inappropriate delicacies.

*** Read before the Alumnæ Association January 31, 1901.**



BUFFALO GENERAL HOSPITAL, RIGHT DIVISION COMPLETED

The first detached building was a temporary contagious building put up in 1876 and followed by a permanent one in 1877, known as the "Pavilion." It occupied the site of the present Nurses' Home, and consisted of two large rooms with a central hall and small diet-room. The large rooms, or wards, could accommodate six patients each. A nurses' room opened from the east ward.

By 1877 the success of the Nurses' Training-Schools established in 1873 at Bellevue, New Haven, and the Massachusetts General was known and much dissatisfaction was felt with the old methods of nursing. Mrs. John B. Skinner, president of the Ladies' Hospital Association, and Mrs. Thomas F. Rochester, vice-president of the same and wife of an eminent physician, determined to start a new order of things. Without consulting the medical staff or trustees, they engaged Miss Sarah Grey, a graduate of Bellevue, as head nurse for one year. Five pupil nurses were engaged, and so began the first training-school for nurses west of New York City.

The rules of the school were drawn up by Mrs. Skinner and Mrs. Rochester on the plan of those of the New Haven school.

The warden at this time was Mr. J. Y. Bicknall, and the resident physician—there was but one—Dr. Charles G. Stockton, with a medical student as assistant. The daily average of patients during the year was fifty, with a maximum of seventy-one and minimum of thirty. This, though a small number as it seems now, certainly called for hard work from one resident physician and five nurses. The nurses' sleeping-rooms were of necessity located in the basement.

Miss Grey came with the understanding that she was to perform the duties of head nurse only, and declined to give other than practical instruction in the work of nursing. She left at the completion of her year. Her ex-pupil, Mrs. Elizabeth Teal Auld, speaks highly of her ability as a nurse.

Miss Mary Scott (known as Sister Mary, after the English custom), a graduate of Dr. Mack's Training-School at St. Catherines, Ontario, followed Miss Grey November 1, 1878. The original intention was to make nurses' training-schools self-supporting by requiring each pupil nurse to do six months' outside nursing during her second year. The first "outside nursing" in 1878 earned thirty-four dollars.

The "Buffalo General Hospital Report" for 1879 gives the instruction imparted to the nurses as follows: "'The New Haven Hand-Book of Nursing' is used as a text-book, practical lectures are given by the superintendent of nurses, class instruction in Huxley and Yeoman's 'Physiology and Hygiene' by the resident physician, and twenty lectures by the visiting staff."

The medical lectures were arranged by Dr. F. W. Abbott at the petition of the Ladies' Hospital Association, who up to that date had assumed the organization and management of the school. With the arranging for lectures by the staff, a Training-School Committee of the staff was formed of which Dr. F. W. Abbott was permanent chairman. With the exception of two years from July, 1889, to July, 1891, the position was held by Dr. Abbott continuously until his withdrawal in July, 1897. Miss Elizabeth Teal received the first diploma of the school (an engrossed one) on the completion of her two-years' course in 1879.

In the light of our present knowledge I wish to quote an extract from the "Buffalo General Hospital Report" of 1879: "While we have had our quota of patients in the medical and surgical wards, there have been only occasional cases of obstetrics, but during the past few months the number has so increased that we have been obliged to use the Pavilion, a detached wooden building originally intended for contagious diseases. This has answered our purpose tolerably well, but at the same time depriving us of its use for cases which of necessity should be isolated."

1880 was a red-letter year of the Buffalo General Hospital. The administration building, familiarly known as the "New Building," and under construction in 1879 and 1880, was opened October 1, 1880. This supplied the additional private rooms and obstetric ward so much needed, and the use of a part of the third floor private rooms, reserved for the warden's family and nurses, permitted an increase in the Training-School, which had been limited for lack of accommodations. The school at this time had thirteen pupils. Sister Mary, after two-years' charge of the school, was succeeded by Miss Cornelia Seeley, of the Boston City and Woman's Hospital, Boston, Massachusetts.

Miss Seeley was a woman with ability and ideas, and the school was by her placed on a firm basis and many improvements were introduced. Among these was the "Nurses' Record Book," originated by Miss Seeley, in which the work and record of each pupil was kept. The Conference Committee was also her idea and was formed in 1880. It consisted of an Advisory Committee to confer with the superintendent of nurses, composed of the president of the Ladies' Hospital Association, the president of the Board of Trustees, and the chairman of the Training-School Committee of the medical staff (Dr. Abbott) as permanent secretary.

In 1881 the resident physician was allowed an assistant, and a diet kitchen was started to give the nurses experience in sick-cookery, each nurse serving as diet nurse for a month.

In 1882 the school numbered sixteen pupils. Examinations are first mentioned in the report for that year, also the application blanks



CIRCULAR WARD, BUFFALO GENERAL HOSPITAL

for candidates. In 1882 also the first graduating exercises were held. In 1883 Dr. Mynter and Dr. Park were appointed surgeons on the staff, and with their coming antiseptic surgery was introduced into the General Hospital. The number of nurses had now reached twenty, again the limit of accommodations. A library for nurses was started, donations of books being made by the staff, and a monthly assessment of ten cents was levied among the nurses for the purchase of new books. In March, 1883, the first death occurred in the Training-School, Miss Emma Kennedy, of the Class of '84, who had been caring for a family with diphtheria, contracted the disease and died after an illness of five days.

In 1884 Mayor Jonathan Scoville made a gift of two thousand dollars for the use of the hospital. It was decided to use it to open a ward for children. After-contributions to the object were so liberal that only a small portion of Mayor Scoville's gift was used. The obstetric ward was converted into a ward for children, now the nurses' dining-room. The remaining money, with an additional gift of three hundred dollars from Mayor Scoville, was used to build a maternity cottage at the northwest corner of the grounds, familiarly known as the "Nursery" and later as "Scoville Cottage."

The children's ward was opened May 13, 1884. August 1, 1884, Miss Seeley resigned to take charge of the City Hospital at Newport, Rhode Island. Her term as superintendent has been the longest in the history of the school, covering about four years. Miss Elizabeth Johnson, a graduate of the New York Hospital, took her place in September, 1884. Mrs. Skinner, one of the founders of the Training-School, died during this year.

Gates Cottage, the donation of Mrs. George B. Gates, was built during the summer of 1885, being opened in the fall. Miss Mary Taylor, of the Class of '85, had the honor of being the first district nurse in Buffalo, being employed soon after her graduation by the First Presbyterian Church for work among the poor. At the end of her year as superintendent Miss Johnson resigned to take up the study of medicine at the University of Buffalo. She was followed as superintendent by her class-mate, Miss Mary K. Howell, who took charge of the school October 1, 1885.

The second death in the school took place in that fall. Miss Jean Rutherford, Class of '86, died of typhoid fever at the end of her first year in school.

In 1886 the Fitch Accident Hospital was opened, and for some time was furnished with supplies and nurses by the General Hospital.

The tents which had been used in hot weather for the men's surgical ward were abandoned after the autumn of 1886. They were placed on

the grounds east of the buildings and had been of much benefit to the patients, who were left in them as late in the season as possible. The fall of 1886 was raw and wet, and a most promising amputation patient developed a fatal pneumonia. This was the direct cause of abandoning the system.

After seventeen months as superintendent of nurses Miss M. K. Howell resigned, May 1, 1887, to marry. Miss M. E. Francis, of the Class of '87, acted as temporary superintendent, and on graduating received the appointment.

In 1888 new rules and regulations were drawn up. Miss Lois M. Masten, Class of '87, was appointed superintendent to succeed Miss Francis, who resigned July 23. Miss Susan C. Long, Class of '85, was appointed first night superintendent.

Kimberly Cottage (contagious) was built during this year as a memorial cottage by the daughters of John C. Kimberly (the Misses Kimberly and Mrs. Wm. H. Walker).

The porte-cochère and solarium for patients was added to the front of the hospital in 1889 through the efforts of Miss Margaret Moore, a former patient. In the fall of this year two junior nurses, Class of '91, were stricken with typhoid fever. Miss Nettie Perry died in November and Miss Anna Dawson's health was so impaired by it that she was obliged to resign.

The small amount of outside nursing done by the school was a constant source of anxiety to the management, and the superintendent of nurses was continually urged to increase it. This seemed to be an impossibility, as the demands of hospital work continued to outstrip the growth of the school. It was thought that a nurses' home, by allowing a larger school, might solve the difficulty, and the subject began to be agitated.

About January 1, 1890, the position of warden became vacant, and was filled temporarily by Miss Susan C. Long, whose position of night superintendent was transferred to Miss Jeanette Oliver, of the Class of '88.

Mrs. Thomas F. Rochester, who with Mrs. Skinner had organized the school, died January 6, 1890. Through the bounty of Mrs. George B. Gates a nurses' home was built and furnished during the year.

In the spring of 1891 ex-Mayor Scoville died, leaving twenty-five thousand dollars for the benefit of the Training-School. After having had charge of the Training-School for three years, Miss Masten resigned July 1, 1891, and was followed by Miss Clara M. Carter, of the Class of '89. During this year the average number of patients was one hundred and sixteen, of pupil nurses about thirty.

During the year 1892 an outside teacher was employed to give the nurses instruction in sick-cookery. On June 26 a brass tablet was placed in the nurses' home by the pupils in honor of Mrs. Gates. Miss Carter resigned at the end of her year to take up church work. Miss Lucetta J. Gross, of the Boston City Hospital, succeeded her. During this year the first graduate head nurses were employed. Miss Gross remained two years and resigned in 1894. She was succeeded by Miss Kate I. Kennedy, of the Class of '93. Miss Lillian Brewster, a pupil nurse, died of heart trouble while at home on her vacation.

The new wing of the hospital was begun August 31, 1895. An experienced masseuse was employed to instruct the nurses in massage during 1895.

In the spring of 1897 Miss Kennedy resigned and Miss Ellen Van A. Denike, superintendent, with Miss Ellen J. Lingren, assistant superintendent, both of the New York Hospital, were engaged. Under Miss Denike's superintendency the course was lengthened to three years and the allowance was reduced. The outside nursing had become practically a dead letter, nurses, instead, being employed on special duty in the hospital.

The new wing was completed in 1899 and the woman's ward in the old building converted into a dormitory for nurses, the opposite ward undergoing a similar change for the maids.

Miss Denike and Miss Lingren resigned in the fall of 1899 and were followed by Mrs. Amy C. Goodwyn, of the Garfield Memorial Hospital, Washington, D. C. In place of an assistant superintendent a larger number of graduates were employed.

The hospital report of 1899 gives the daily average of patients as one hundred and forty-three, nurses and probationers forty-seven, graduate nurses four.

In looking back to the early history of the school one cannot but be surprised at the great results achieved from such small beginnings.

In the early part of 1900 the benefactor of the school, Mrs. Gates, passed to her reward.

The total number of graduates of the school on July 1, 1900, was two hundred and thirty-one. This did not include two graduates dropped from the rolls for cause.

Nine of the graduates have chosen other occupations, as follows: three physicians, one dentist, one deaconess, one stenographer, two manicurists, and one lodging-house keeper.

Sixty-four have married (twenty-seven per cent. of the total number of graduates), twelve have died, ninety-three have left Buffalo, and one hundred and twenty-six remain in the city.

SPINAL COCAINIZATION

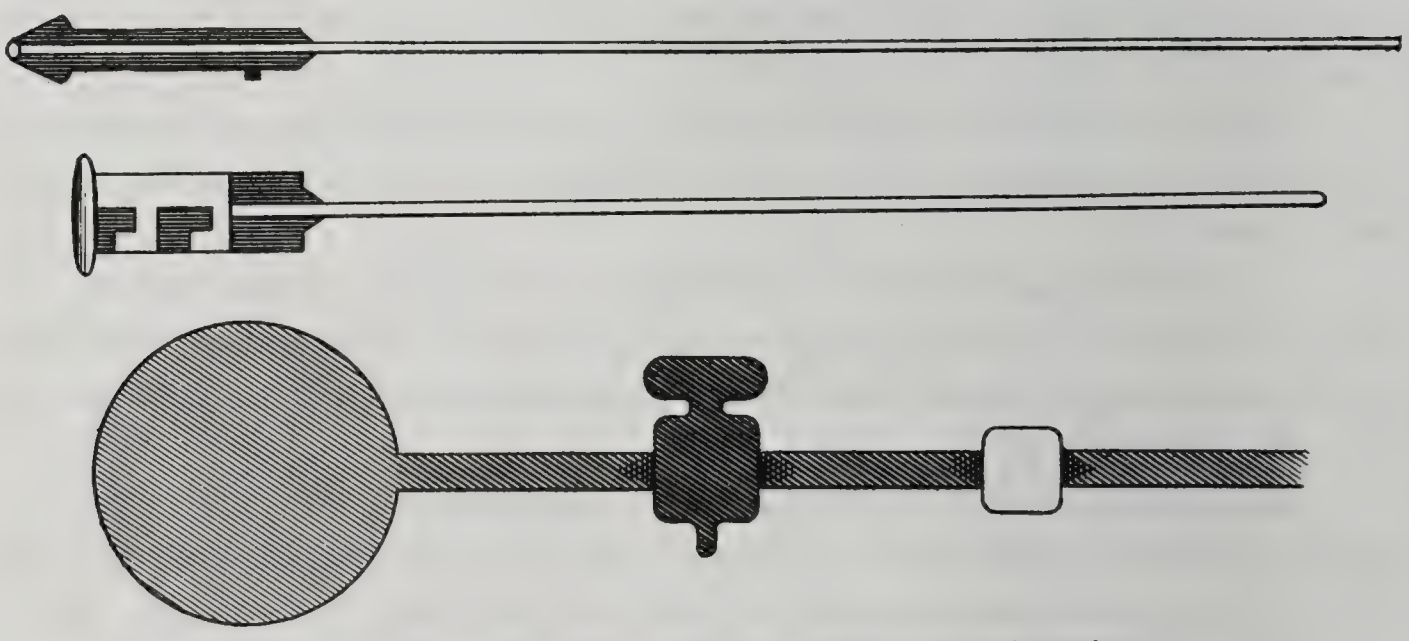
By BEATRICE S. MONTEITH
Assistant Superintendent Brooklyn Hospital Training-School

The ability to produce anæsthesia by the injection of cocaine into the spinal-cord is regarded as one of the most interesting discoveries of the day. While under this anæsthetic the patient is perfectly conscious and fully aware of everything taking place. At the same time she is without any sense of pain, though retaining sense of touch.

This mode of anæsthesia may be adopted when for any reason a patient objects or is unable to take ether or chloroform.

INSTRUMENT

The instrument used is a double needle, the finer needle fitting inside the heavier. The fine needle is four and a half inches long, being one-half inch longer than the heavy needle. A piece of rubber tubing one inch long connects this needle with a small glass bulb; this bulb again connects with a similar piece of tubing. This tubing is attached to a silver stop-cock which connects with another piece of tubing ending in a rubber bulb. The stop-cock is used to preserve the vacuum which is created in the bulb. This entire outfit is boiled.



Drawings of the necessary instrument for spinal cocainization.

Two aseptic hypodermic syringes are also required, glass syringes, as they may be boiled, being preferred. One syringe is fitted with the usual hypodermic needle and the other contains the cocaine for spinal injection.

PREPARATION OF COCAINE

The cocaine may be prepared in various ways:

1. Add forty minims of sterile water to cocaine, hypodermic tablets, one grain, boiling this solution one minute.

2. Place cocaine, one grain, hypodermic tablets, in sterile glass, adding enough chloroform to dissolve cocaine. This mixture is rubbed up until the chloroform evaporates. To the remaining sediment is added forty minims of sterile water. The solution is now ready for use.

POSITION AND PREPARATION OF PATIENT

The patient usually sits on operating-table, bent forward, the elbows resting on the thighs. In cases where the patient is unable to take this position the Sims position may be used.

The back is prepared in the same way as for any operation. The dressing is removed when the patient is in position, and the back is again scrubbed. A sterilized sheet is placed over the patient. The opening in the sheet must be large enough to allow the surgeon space for necessary measurements.

INJECTION OF THE COCAINE

Everything being in readiness, ten minims of this prepared cocaine is injected into the skin over the space between the third and fourth lumbar vertebræ. When sufficiently anæsthetized, a small incision is made. The needles, being put together, are now inserted and are attached to the exhausted bulb with rubber tubing and glass bulb. When the needles have pierced the meninges surrounding the filaments of the cauda equina the stop-cock is opened, and almost immediately the cerebro-spinal fluid appears in the glass bulb.

Should this fluid not appear, the inner needle is withdrawn, a wire run through to displace any possible clot, and then it is reinserted, being again attached to the exhausted bulb.

The advantage of the double needle is here apparent. The inner needle being withdrawn, the outer needle remains stationary, thus preventing, in the reinsertion, another puncture of the meninges.

When the cerebro-spinal fluid appears, the glass bulb is detached from the rubber tubing and the syringe attached, containing twenty minims of the cocaine solution, this amount equalling one-half grain.

One minute is taken to inject this quantity, and it is followed immediately by ten minims of sterile water, which fills the needle. The needles are then withdrawn and sterilized, and adhesive plaster is placed over the incision.

Patient now assumes a recumbent position on operating-table, and tests for anæsthesia are begun at once.

EFFECT OF ANÆSTHETIC

The feet are usually anæsthetized first, the time taken being from one to five minutes, and very soon the patient is anæsthetized to waist line.

The height to which the anæsthesia goes varies with the individual. Frequently it goes as high as the third rib, and in some cases the face and part of the scalp have been anæsthetized.

The pulse usually remains regular, from eighty to one hundred beats per minute, and the respirations are natural. The patient has peculiar pallor and free perspiration. Invariably she becomes nauseated, though vomiting may be prevented by giving strong, clear coffee to drink. Anæsthesia lasts one hour and sometimes a little longer.

AFTER-EFFECTS OF ANÆSTHETIC

The after-effects seldom vary. Some patients have slight delirium and all suffer from violent headache, which usually lasts from twenty-four to forty-eight hours. This condition may be relieved by giving from five to ten grains of antipyrine.

Major as well as minor operations are performed under this anæsthetic, thorough asepsis being observed in every detail.

DR. HOWARD KELLY'S METHOD OF CATHETERIZATION

A GLASS catheter is used, having been prepared for use by boiling five minutes in a soda solution.

The nurse then scrubs her hands carefully, places the patient on the bed-pan, exposes the vulva, and separates the labia so as to expose the urethral orifices. She now takes up a pledget of cotton, saturated with boric acid solution, in the grasp of the forceps, and with this thoroughly cleanses the urethral orifice. This is repeated with another pledget when the patient is about to be catheterized. She now draws two sterile finger cots (rubber glove fingers) over the thumb and index-finger of the right hand and, thus well protected, grasps the catheter by its outer end and removes it from the pan in which it has just been boiled, and gently introduces it into the urethra, allowing it to take its own way into the bladder, never under any circumstances using force.—*Johns Hopkins Hospital Bulletin.*

PRACTICAL POINTS ON PRIVATE NURSING

IN CHARGE OF

ISABEL McISAAC

ENTEROCLYSIS AND COLONIC FLUSHING

By ANNA A. DAVIDSON

Graduate of the Presbyterian Hospital, New York City

In the onward march of medical science simplicity is conspicuous, simple vapor and hot-air baths, tub-baths, cold sponges, and packs supplanting the medicated baths and powerful antipyretics of former years; and if we continue to depend upon Mother Nature, we will come to believe in the four great principles laid down by a prominent New York physician, namely, warm feet, castor-oil, water inside, and water outside.

We can all count back to the days when it was considered dangerous to give fever patients much water to drink; in fact, a large majority of the laity still hold to this principle, and many a nurse finds she shocks the family by keeping a pitcher of water within the patient's reach. Even in health people do not drink enough, and the system cries out for its proper amount of fluid, which they try to supply by tea and coffee instead of pure water.

Cannot we as nurses teach the world better? A large amount of constipation might be prevented if they would only realize this, for drinking water with meals softens the food and so assists absorption, also drinking between meals stimulates the intestinal glands, aiding secretion, both in stomach and intestines, as well as providing the system with a needed fluid, aiding in the manufacture of blood, and stimulating the kidneys to secretion.

The excellent results of enteroclysis and colonic flushing are becoming more and more recognized by the medical profession.

We in the hospitals, where all new methods have their birth, have accepted this treatment as one of the best of the present age, the results in some cases being remarkable.

In hemorrhage from operation, either primary or secondary, the enteroclysis of normal salt solution has proved most beneficial,—in fact, from shock from any causes,—and one of its best recommendations for

private duty has been that the nurse cannot go astray in giving it, as it is one of those things that can be done while waiting for the doctor, that most anxious of moments for the nurse.

In cases of anæmia, pernicious or simple, and in general sepsis, salt solution by rectum, one or two pints daily, replenishes the blood and gives a gentle general stimulation.

Enteroclysis of salt solution and whiskey, or black coffee, about eight ounces, given four or six times in the twenty-four hours, makes an admirable heart stimulant.

In making coffee for this purpose it needs to be very strong. Four ounces of ground coffee, boiled for ten minutes, is necessary to make eight ounces of the proper strength.

Colonic flushing in nephritis has produced most excellent results. Normal salt solution is generally used, about four quarts, at a temperature of one hundred and twelve degrees. This stimulates the kidneys and overcomes in a great measure the profound toxæmia that often exists in this disease. It may be given as a colonic flushing, distending the colon with the entire amount of the hot fluid, and then syphoning it back, or as a rectal irrigation, allowing the solution to run out immediately. The Kemp tube is the best for this, as the double current permits a continual flow; or two small rectal tubes may be inserted with the same result.

In typhoid or any high fever an irrigation at a temperature of sixty-five degrees assists greatly in reducing the temperature, but distending the colon with any amount of fluid in typhoid is always questionable.

Colitis is treated to a large extent now with colonic flushing of either potassium permanganate of a strength of 1 to 1000; silver nitrate, 1 to 1000; quinine sulphate, ten grains to the quart, or simple salt solution. Some of the most successful results have been from the quinine treatment, as it has a specific action on the amœba. The irrigation in colitis should be given once or twice daily. When the salt solution or quinine is used it may be given as often as every four or six hours.

Hypodermoclysis, or subcutaneous injection, is coming more and more into favor for shock from any cause or for general stimulation. It is given with a large aspirating needle, about five hundred or one thousand cubic centimetres at a temperature of one hundred and six to one hundred and eighteen degrees; it is usually given in the breast or abdomen, with children in the buttocks.

In pneumonia or typhoid, given daily when the heart's action is weak or there is much toxæmia, it has proved very beneficial. There is seldom any pain attending it, and of the many cases I have seen treated

in this way I have never yet seen an abscess, and where aseptic precautions are taken there is practically no danger.

There is less tendency to chill afterwards than in the venous infusion; this is probably owing to the fact that, being injected into the loose tissues, it is taken up slowly by the blood-vessels and the stimulation is more gradual than when injected directly into the vessel; in that case it reaches the heart,—in fact, the entire system,—so rapidly that the stimulation is so sudden it is a shock, and produces a revulsion that is manifested by a chill.

CONVALESCENCE

By RUTH BREWSTER SHERMAN
Johns Hopkins Hospital School for Nurses

Some years before I entered a training-school I was much struck by a comment on nurses by a lady who had employed several. After praising their devotion to work and their general helpfulness, she added that they seemed to lose interest in their patients when recovery set in and to be almost eager to get away. "The best judge of a game," says the wise Lord Bacon, "is not the player, but the spectator, who sees under what advantages or disadvantages the player takes his part." If spectators criticise our "game," what better chance can we have to learn our faults and make our profession more acceptable to the public?

During a definite illness, be it long and wearing or short and sharp, a nurse's duties are positive and sure, hers—and hers only. She has been trained to watch, recognize, and meet abnormal conditions; to do certain things in certain ways; to fit her thoughts, methods, and efforts to the requirements of the disease rather than of the individual, who at this time has lost his interest in life, his habitual attitude and poise, his natural disposition, and is really, however perverse and wilful he seems, in the hands of his physician, family, and nurse for a new adjustment to life as he regains his health. But what preparation has she made within herself, what training has the hospital given her, to meet the longer, infinitely more trying, and scarcely less important time of convalescence?

In hospital work we practically do not see convalescence, because the patients are so early discharged to make room for more needy ones, and we are too busy with the very sick to give the recovering inmates all the thought and planning they should have; but perhaps we are too ready to feel that this is by no fault of ours, only the pressure of circumstances. We get our "up-patients" dressed and in wheel-chairs in

some pleasant spot, take them food and medicine, perhaps put books within reach or make sure they are near favorite friends; then a dozen duties claim our attention and keep it—usually for too long. Do we get our patient back to bed as soon as the frail body should go? Do we remember how any position, unchanged, becomes an unendurable cramp? that as the hours pass the woman who was left with her face in the shadow and her feet in the sun, may now have the bright light in her eyes and the cold shade on her body? that wraps may slip or clothing be disarranged? that the fact of being up often gives a thirst for water and longing for fresh air which were not felt in bed? that the body, long used to bedclothes, is usually sensitive to chill, pressure, or constriction? Do we ourselves enjoy looking from the same window at the same angle for several hours, and can we talk interminably with the same person whom we see every day? Did we give a thought to the appropriateness of those books? Do we remember that invalids depend greatly on the mere feeling of being personally cared for, and miss it like a true physical comfort if it is suddenly withdrawn? Are we sure that where we left the beds on the porch the occupants will not see disagreeable sights? that they *will* see anything pleasant? that the neighbors are congenial? Patients who walk about and do much for themselves are often pitifully neglected as to the things which they cannot do.

In private work the time of recovery puts a far greater strain on the nurse than the illness, and taxes her resources infinitely more. In the beginning she came, fresh and vigorous, to aid a family worn out by anxiety and care. When convalescence sets in the relatives are relieved, happy, gay; the invalid is regaining his hold on life and needing occupation, recreation, exercise, and amusement at the very time when the nurse is not only tired, but deprived of her strongest incentive to effort—for the loosening of the tension of anxiety by which the family regain their wonted spirits removes the stimulation which vivified her work. The invalid must never think of this; the family, alas, remember it too seldom.

It is for this time that all her knowledge, inventiveness, tact, patience, and self-command are needed, and it is for this time that she should most jealously have preserved any talents or accomplishments which she had before entering the training-school and which are often wholly neglected afterwards; that she may help the peevish child to a happier frame of mind, reconcile the restless, athletic boy to enforced captivity, occupy the book-loving girl without taxing eyes or brain, and make seclusion endurable for the active, energetic man or woman. It is *now* that her skill in cooking and serving food is needed, *now* that she must read aloud for endless hours, *now* that she must massage the weary

muscles, arrange exercises which can be given in bed, or insist upon and regulate necessary exertions. The nurse who can sing or otherwise make music, who can play cards well or teach a new game of solitaire, who can show a new design for knitting with large needles, who can read in another tongue than English, will be more acceptable often—not always—with a grown person. If she can draw, paint, or model in clay; if she can teach simple botany, geology, or ornithology in that time when, after illness, all God's world seems new and wonderful; if she can show worsted work or paper weaving or others of the myriad diversions of the kindergarten; if she remembers the puzzles and games which amused her own childhood; if she can make doll clothes, or rig a ship, or raise a plant from a seed, or a moth from a cocoon, or a frog from a tadpole,—if she can think of things to do, and do them, she will succeed with children.*

And, above all, she should be a story-teller; not in the sense of inventing tales (though this is of inestimable value), but in the sense of making grist of all that comes to her mill—gathering from every walk or chance encounter or unexpected incident something which she can tell her patient in an interesting way; a faculty for reviewing books which cannot be obtained for reading in a manner which will impart something of their native brightness; a knack for quoting funny things stored away, perhaps for many years, in the memory, and for clothing attractively any experience of her own or borrowed with which she enlivens a dull quarter of an hour. A moderate amount of what Dr. Van Dyke calls "good talkability" can be made very welcome in the sick-room.

It is hard work—the hardest a nurse has to do—this adapting herself to the personality of the patient instead of to his disease. Many

* I am so fortunate as to have found, since writing this, the opinion of a high authority on this point of amusing children. The Hon. Sydney Holland, chairman of the London Hospital, in his "Two Lectures to the Nurses of the London Hospital" (England: Whitehead, Morris & Co., December, 1897), a pamphlet which every nurse ought to read and own, says:

"If you cannot make a doll out of a pocket-handkerchief, you must learn how. A nurse's education is not complete without this useful accomplishment, nor do I feel sure that any woman is justified in calling herself 'trained' unless she can make boats and frogs out of paper. Children love games of everyday life played with anything which does service for a doll better than with a real doll. Can you tell stories to children? It is dangerous, because if you begin you will have to go on; but how they do love stories! Disturbing subjects must not be mentioned. They like simple stories with no stirring incident. A string I always play on is a child doing something to surprise and please its mother or doing some unexpected kindness."

The chairman should certainly add, however, that no normal child likes too evident a moral to its story, and that sick children especially resent "preaching." Every word of the two lectures, however, is most valuable.

times she will feel like an overstretched elastic cloth with all the rubber fibres broken and only the unyielding fabric left, like a sponge from which all moisture has been squeezed and wrung. And through it all with the skill of Ulysses must she steer her course between Scylla and Charybdis and guard against the danger of doing too much for her convalescent, remembering always that the truest service is to speed the return of normal ethical and physical relations with life, and the greatest injury is to undermine his native self-reliance and coddle him into too long or too weak a mental or physical dependence upon others; for as surely as a nurse can be an inestimable blessing to an invalid during illness, just so surely is there a point beyond which she may, unless she is very wise, resolute, and tactful, counteract all her own good work and almost stop her patient's improvement. Used to being waited on, many convalescents will indefinitely defer making any effort for themselves, and their attitude is often seconded by anxious relatives, who fear overexertion for the invalid and, perhaps naturally, mentally accuse of selfishness the nurse who withdraws part of her own services and tries to arouse some activity in her charge. It takes endless tact and discretion to manage this point, but it must be done nevertheless, for however much a nurse may be misjudged, her real duty is not to endlessly wait upon her patient, but to restore his ability to wait upon himself.

This is and can be only a rough and poor outline of a large subject: a few thoughts which, if they can set nurses yet in training to thinking for themselves along the lines of preparation for convalescent nursing, will lead to the discovery of far more than is suggested here. What I have chiefly tried to say is, that the serious "complications and sequelæ" of any disease are not only those enumerated in the medical text-books, but also apathy and egotism, dulness, discontent and ennui, selfishness and indifference to the claims or rights of others; and for these symptoms of decadence a nurse must, after a long and trying case, watch herself as well as her patient. Doing physical battle for one, she must do moral battle for two, and should arm herself accordingly. Two recent remarks come strongly to mind and balance each other. The first is the complaint of a patient in a hospital ward:

"The trouble is, I've been here too long. It is three months since my operation, and everyone has lost interest in me."

The second is the explanation by a head nurse of her choice of work:

"I trained for private nursing and never dreamed of doing anything else, but I came back to the hospital because I found I'd do *anything* rather than push an invalid in a wheel-chair."

Is it not probable that if a nurse whose goal is private duty during her years of preparation has her attention directed a little more ex-

plicitly to the requirements of the wearisome time which comes "three months afterwards," when her patient will be, not in bed but still not beyond a chair, she will so forearm herself that she need later make no such painful discovery of her own limitations to turn her aside from "the part which she hath chosen"?

The remarks made by Mrs. Henry Gold Danforth at the graduating exercises of the School of Nurses of the Rochester City Hospital are so much in the line of Miss Sherman's paper that we quote from them, as an appendix:

"There are two courses of instruction which would be of great value to all nurses which are, I think, not included in the curriculum of any school. It is not quite easy to accurately name either of them, but the first might be called Personal Experience and the second Nursing Citizenship.

"Perhaps in time there will be a chance that the second course may have a growing attraction, but the first probably only the devoted few will ever be willing to take, for its instruction must lie in the tedious process of trying it yourself; in other words, every nurse should feel that her equipment is not complete unless she has herself experienced the miseries of a good, hard illness, with a tedious convalescence full of complications, large and small, and some instructively sharp pains. How otherwise can it ever be possible to thoroughly understand the mighty temptations and trivial trials of a patient, the utter loss of a scale of ordinary existence for every event and happening of the twenty-four hours, or the sense of absolute dependence on a will not your own, with a childish impatience of that very dependence and its alternate of utter confidence and self-surrender? It is the custom to condole with a nurse in training over what is called her 'loss of time' by illness. To do so is wrong; properly used, every minute of that lost time should carry invaluable lessons in applied knowledge, not only as to what it feels like to be the one cared for, but whether the care received be good or ill, as to the little personal ways that mean more of comfort and discomfort to a patient than the larger matters which will surely be learned in class."

EDUCATIONAL

IN CHARGE OF

ISABEL HAMPTON ROBB

THE SPECIAL COURSE IN HOSPITAL ECONOMICS

THE committee appointed from the Superintendents' Society on the special course for nurses at Teachers' College are issuing the following circular as an appeal for funds to carry on, on an assured basis, this most important and far-reaching piece of work. So far the Superintendents' Society has really shouldered the brunt of the work and also the expense in subscribing funds and in the voluntary offering of time and trouble, the different nurse lecturers having had only their travelling expenses paid, while Miss Alline, also a member of the Superintendents' Society, has practically, through altruistic enthusiasm and belief in the course, made a free gift of her time and work to the cause, as the financial return to her was so insignificant, compared with what any nurse can earn in other ways, as to be practically counted out of a fair consideration of the question.

Every new piece of work must be demonstrated to the public before the public will take an interest in it, and for this demonstration those who believe in the work must be willing to spend money. Now we may fairly ask the public to take a share of interest, and it is to be hoped that those nurses who are in a position to reach people of means who are desirous of aiding the cause of education will do all in their power to bring the Hospital Course at Teachers' College before them. Single leaflets may be obtained from Miss Walker, Pennsylvania Hospital, Philadelphia:

"The announcement for 1901--1902 of the Special Course in Hospital Economics at the Teachers' College, Columbia University, is now ready for circulation, and may be obtained on application to Miss Anna L. Alline, Teachers' College, Columbia University, New York.

"Six students are completing the course for the year 1900--1901, and it is hoped that at least as large a class will be formed for the coming year. Should any nurse of exceptional ability come under your notice, we trust you will place the advantages of the course before her.

"It is important that application be made *early* in the summer.

"The expenses of the past year were met in part by contributions from many individual superintendents of training-schools. Since then no improvement has taken place in the financial condition, and for the coming year there is no present prospect of any other contributions. The work done by the students at the college

is all included in the regular courses with the exception of the course on Hospital Economics. For this branch a trained nurse as instructor is required, and it is to meet the expenses of providing this instructor that money is urgently needed.

"The college is prepared to help by giving two hundred dollars yearly in return for a short course on Home Nursing, to be given to other students by the instructor. The lecturers on Hospital Economics also aid, by giving their services free, only receiving the amount of the travelling expenses incurred.

"For this coming year we need seven hundred and fifty dollars, and in order to retain the services of a thoroughly qualified trained nurse as professor at the head of this department, at least fifteen hundred dollars yearly should be forthcoming.

"*Fifty thousand dollars will endow a chair of Hospital Economics, and give these (now special) students a recognized position in the college.*

"*Five hundred dollars, if offered as a scholarship to a selected student, will pay the total expenses of her term at the college.*

"We most earnestly ask for the helpful sympathy of all who are interested in the management of hospitals and the care of the sick. This fuller and broader preparation for their future work must undoubtedly prove of value to those who undertake the management of a hospital or of a training-school for nurses. In the past many women of ability have failed, or have gained their experience sadly and bitterly, at the expense of the hospitals in which they held appointments, owing to the fact that their training had fitted them to care for the sick with devotion and skill, but had in no way prepared them to be either teachers or superintendents. They entered upon the work entirely inexperienced and quite unfitted to manage the business department of an institution or to prepare for their life-work those who had entrusted themselves to their care.

"Any contributions for our present needs, be they small or large, or assistance towards the endowment of a chair of Hospital Economics, will be most gratefully received. It is hoped that many friends of hospitals will aid these efforts of the superintendents of to-day to secure for their successors an education which must prove to be of great benefit to them and to all who are connected with any hospitals in which they may hold positions of responsibility."

The leaflet is signed by the whole committee.

We have received the following report of the last year's class:

"The class of Hospital Economics, numbering six members, completed the year's work at Teachers' College, Columbia University, the first of June. The rank of the class as a whole was very good throughout the entire list of final examinations, and in the courses of biology and bacteriology they were the palm-bearers in a class of some thirty students. The instructor has asked that we send him twenty like them next year. We are pleased to make this report, not only in commendation of the class in question, but also as encouragement to those who expect to take up the work this year. Examinations are not looked forward to, as a rule, with much pleasure, and as a matter of fact have been a constant but, as they have proven, a groundless anxiety back of all their efforts.

"While expecting a full report of the work later, and therefore not wishing to elaborate any particular points now, we still think it may not be amiss to express in a general way our thanks to the many friends who have shown great interest and given most kind assistance to the class in their many excursions to places of interest in the city and vicinity. These trips have been most beneficial

as practical demonstrations of the numerous questions which daily confront the worker in her own field of labor. It is by just such means of coöperation that the many problems of our work will eventually be brought to some systematic state. The help of our friends so generously given in this broad way is thoroughly appreciated.

"A. L. A."

A DEMONSTRATION OF NURSING WORK

By SARA ANICE BOWEN
Boston City Hospital

For the past three years the Boston City Hospital has given annually a practical demonstration of the work done by the nurses in the Training-School. The idea originated in the Illinois Training-School, Chicago, where a part of the nurses gave an exercise in practical work for the benefit of the rest of the members of the school. This idea was afterwards carried out upon a larger scale in the Presbyterian Hospital, New York. The elaboration of the plan in detail may be made to fit the capacity and equipment of any training-school.

The demonstration, which is given in the surgical amphitheatre, consists of four groups, which follow one another successively. The separate parts of each group are carried on simultaneously, which gives added interest to the programme and confidence to those who participate in it.

The following is the programme used at the Boston City Hospital this year:

GROUP I.

Cupping.
Hot pack.
Ice poultice to abdomen.
Bandage to leg.

GROUP II.

Bed-making, illustrated without and with the patient in bed.
Turning the mattress with the patient in bed and changing the bed-gown.
Plaster bandage.
Flaxseed poultice to throat.
Bathing and dressing an infant.

GROUP III.

Preparation of a patient for operation.
Aseptic dressing.
Foot-bath in bed.
Œsophageal feeding.

GROUP IV.

The care of an emergency, which consists of bringing in a patient who is supposed to be in collapse and administering the treatment: elevating the foot of the bed, applying heaters, preparing and giving a hypodermic injection, giving oxygen, etc.

In carrying out this programme it is necessary to have several patients to act as subjects. These are usually easily obtained from among the convalescents. Invitations are sent out to the friends of the institution and to any who may be interested in hospital and nursing work.

The benefit of such an exercise as this is perhaps, first of all, to the nurses who participate in it. The discipline of doing a particular thing under the critical observation of a number of spectators brings out one's best effort, and the practice necessary to the perfect performance of her part is of obvious help to the nurse.

Much interest has been manifested by the public at large in these demonstrations. Graduate nurses who have been some time away from the hospital, and who are anxious to improve every opportunity to keep in touch with the advancement of nursing work, can see in these demonstrations the practical working of methods of which otherwise they have only a vague, theoretical knowledge. To those who know nothing of the care of the sick this demonstration gives an entirely new idea of the practical way to make sick people comfortable. The skill and dexterity necessary to the successful administration of treatment for the relief and comfort of patients comes as a revelation to those who have never witnessed it.

In these days the value and usefulness of the work of trained nurses need not to be demonstrated, but if by such an exercise as that described above we can in any way help to show the public that the training-schools in connection with our hospitals are seeking to teach their nurses earnestness and faithfulness in the details of their work, an added usefulness will be given to the occasion.

CHILDREN'S DEPARTMENT

IN CHARGE OF
LOUISE C. BRENT

A BIBLIOGRAPHY OF ARTICLES ON VACATION SCHOOLS AND PUBLIC PLAYGROUNDS FOR CHILDREN

So MANY people are now interested in the extension of the vacation school system and the management of public playgrounds that we think it will be useful to give a bibliography of the literature upon these subjects:

PLAYGROUNDS.

Miss American, in the *American Journal of Sociology,* November, 1898.

"Playground Progress in Seward Park," by Charles B. Stover, *Charities Review,* May 4, 1901, 105 East Twenty-second Street, New York.

Charles Mulford Robinson, *Atlantic,* April, 1899, under title, "Improvement in City Life."

Jacob A. Riis, *Atlantic,* July to December, 1899, inclusive.

Articles in *Municipal Affairs,* December, 1898, and June, 1898.

"Public Playgrounds and Baths in Boston," *Engineering Record,* September 17, 1898.

"Report of the Committee on Small Parks in New York," 1897.

Reports of Park Commissioners in various large cities.

Out-door Recreation League Advocate, New York.

VACATION SCHOOLS.

"Report of the Chicago Vacation School Committee of the Women's Clubs," 1898, Chicago Women's Club.

The same, 1899. These include playground work also.

Articles in *The Teacher,* September, 1898, and in *The Outlook,* August 5, 1899.

Article by Charles Zeublin in *American Journal of Sociology,* September, 1898.

THE USE OF FAIRY TALES

(Extracts from Felix Adler, in "The Moral Education of Children," International Education Series.)

" . . . This species of literature can be divided broadly into two classes—one consisting of tales which ought to be rejected because they are really harmful, . . . the other of tales which have a most beautiful and elevating effect, and which we cannot possibly afford to leave unutilized.

"The chief pedagogic value they possess is that they exercise and cultivate the imagination. Now, the imagination is a most powerful auxiliary in the development of the mind and will.

"The familiar anecdote related of Marie Antoinette, who is said to have asked why the people did not eat cake when she was told that they were in want of bread, indicates a deficiency of imagination. . . . Much of the selfishness of the world is due, not to actual hard-heartedness, but to a similar lack of imaginative power. It is difficult for the happy to realize the needs of the miserable. Did they realize those needs, they would in many cases be melted to pity and roused to help. The faculty of putting one's self in the place of others is therefore of great, though indirect, service to the cause of morality, and this faculty may be cultivated by means of fairy tales.

"As they follow intently the progress of the story, the young listeners are constantly called upon to place themselves in situations in which they have never been, to imagine trials, dangers, and difficulties such as they have never experienced, to reproduce in themselves, for instance, such feelings as that of being alone in the wide world, of being separated from father's and mother's love, . . . etc. Thus their sympathy in a variety of forms is aroused.

"In the next place, fairy tales stimulate the idealizing tendency. What were life worth without ideals? . . . Thus faith itself cannot abide unless supported by a vivid idealism. . . .

"In speaking of fairy tales I have in mind chiefly the German Märchen. . . . The Märchen are more than mere tales of helpful fairies. They have, as is well known, a mythological background. . . . They come to us from a time when the world was young. They represent the childhood of mankind, and it is for this reason that they never fail to appeal to children. The Märchen have a subtle flavor all their own. They are pervaded by the poetry of forest life, are full of the sense of mystery and awe, which is apt to overcome one on penetrating deeper and deeper into the woods, away from human habitations. . . . But per-

haps their chief attraction is due to their representing the child as living in brotherly fellowship with nature and all creatures. Trees, flowers, animals, wild and tame, even the stars, are represented as the comrades of children. . . . The child still lives in unbroken communion with the whole of nature; the harmony between its own life and the enveloping life has not yet been disturbed, and it is this harmony of the human with the natural world that reflects itself in the atmosphere of the Märchen and makes them so admirably suited to satisfy the heart of childhood.

". . . My first counsel is: Tell the story; do not only give it to the child to read. There is an obvious practical reason for this. Children are able to benefit by hearing fairy tales before they can read. But that is not the only reason. It is the childhood of the race, as we have seen, that speaks in the fairy story to the child of to-day. It is the voice of an ancient, far-off past that echoes from the lips of the story-teller. The words 'once upon a time' open up a vague retrospect into the past, and the child gets its first indistinct notions of history in this way. . . . The child as it listens to the Märchen looks up with wide-open eyes to the face of the person who tells the story, and thrills responsive as the touch of the earlier life of the race thus falls upon its own. Such an effect, of course, cannot be produced by cold type. Tradition is a living thing, and should use the living voice as its vehicle.

"My second counsel is also of a practical nature, and, I make bold to say, quite essential to the successful use of the stories. Do not take the moral plum out of the fairy-tale pudding, but let the child enjoy it as a whole. Do not make the story taper towards a single point, the moral point. You will squeeze all the juice out of it if you try. Do not subordinate the purely fanciful and naturalistic elements of the story, such as the love of mystery, the passion for roving, the sense of fellowship with the animal world, in order to fix attention solely on the moral element. On the contrary, you will get the best moral effect by proceeding in exactly the opposite way. Treat the moral element as an incident; emphasize it, indeed, but incidentally.

"How often does it happen that, having set out on a journey with a distinct object in mind, something occurs on the way which we had not foreseen, but which in the end leaves the deepest impression on the mind. The object which we had in view is long forgotten, but the incident which happened by the way is remembered for years after. So the moral lesson of the Märchen will not be less sure because gained incidentally. . . ."

PROGRESSIVE MOVEMENTS

IN CHARGE OF

LUCY L. DROWN

THE COMMITTEE OF THE GENERAL FEDERATION OF WOMEN'S CLUBS ON THE INDUSTRIAL PROBLEM AS IT AFFECTS WOMEN AND CHILDREN

SEVERAL of our nurses' associations are members of the Federation of Women's Clubs; the Johns Hopkins Alumnæ have joined the State Federation of Maryland, and the Metropolitan Nurses' Club of New York belongs to the New York State Federation, having been, we believe, the first Nurses' Club to join the Federation of Women's Clubs. We believe, therefore, that the appended schedule of work mapped out by Mrs. Kelley, chairman of the Committee on the Industrial Problem, for the study of the whole federation during the coming year will be of value and interest:

TO THE FEDERATED CLUBS: It is the object of this committee to bring to the attention of the clubs some of the ways in which the industrial problem as it affects women and children affects us, and some of the ways in which we may affect it. It is believed that the vast power of intelligent women to contribute at once towards a peaceful and beneficent solution of the industrial problem is not generally appreciated.

The industrial problem as it affects women and children was never so complicated as at the present day. The very existence of the federation and of the clubs which form it is due to the fact that the industries have gone out of the homes of the prosperous, leaving to the women in those homes leisure for study, recreation, and philanthropy. But these industries have largely gone into the homes of the poor, ruining the domestic life of the home workers and threatening the life and health of those who buy the products (this is especially true of the needle trades). On the other hand, manufacture and commerce have largely drawn from the homes of the wage-workers the women and children to work in factories, workshops, stores, offices, and public-service employment.

For these reasons, the Committee on the Industrial Problem asks that each club will give at least one programme during the coming season to the consideration of one or more of the aspects of the problem suggested below. In connection with Aspect 3, it is desirable to consider the following questions: What is the legal age for employing children in your State? Have you a woman factory inspector? Is there a license law for manufacture in homes? What is the legal working day?

While Working-Women's Clubs can scarcely be regarded in themselves as an aspect of the industrial problem, yet they grow out of the present industrial conditions and afford a valuable means of modifying those conditions. They have, therefore, been embraced in this circular, and the League of Working Women's

Clubs has been asked to coöperate with your committee in the preparation of the references.

ASPECTS OF THE INDUSTRIAL PROBLEM

1. WOMEN AS EMPLOYERS AND EMPLOYEES IN THE HOME

"Domestic Service," Lucy M. Salmon, Vassar College, Macmillan, 1901, Second Edition.

"Hours of Labor in Domestic Service," Massachusetts Bureau Labor Statistics, 1898.

"Social Conditions of Domestic Service," Massachusetts Bureau Labor Statistics, 1900.

"Cost of Living," Mrs. E. H. Richards, Wiley, New York, 1899.

"Standard of Life," Mrs. Bernard Bosanquet, Macmillan.

"Economic Function of Women," E. T. Devine, American Academy of Social Science, 1894 (Publication No. 133).

"Women and Economics," Mrs. C. P. Stetson, Boston, Small & Maynard.

2. WOMEN AS INDIRECT EMPLOYERS—PURCHASERS OF THE PRODUCT

"Evolution of Modern Capitalism," John A. Hobson.

"Political Economy (Part V.)," Professor Richard T. Ely, University of Wisconsin.

"Address by Professor Marshall," reprinted in *Journal of Economics,* Harvard University, January, 1897.

"The Union Label," Mr. John Graham Brooks, Bulletin of Department of Labor, March, 1898.

"The Consumers' League," Mr. John Graham Brooks, published by the National Consumers' League.

"The Consumers' League Label," Mrs. Frederick Nathan, *North American Review,* February, 1898.

"Address on the Consumers' League," Mrs. Frederick Nathan, Report of Convention of Working-Girls' Clubs, May, 1897.

"The Consumers' League," Mrs. Josephine Shaw Lowell, published by the Christian Social Union.

"Work and Problems of the Consumers' League," Professor Frank L. McVey, *American Journal of Sociology,* May, 1901.

Articles on the Consumers' League in *Churchman,* November 11, 1899; *Outlook,* February 24, 1900; *Independent,* December, 1899; "Proceedings American Economic Association, 1899," by Mr. John Graham Brooks; "Proceedings American Association for the Advancement of Science, 1899," Florence Kelley; *American Journal of Sociology,* November, 1899, Florence Kelley; "Proceedings American Social Science Association, 1899."

"Reports of the Consumers' Leagues," National, State, and City, may be had on application to the office, 105 East Twenty-second Street, New York City.

3. WOMEN AND CHILDREN AS EMPLOYEES—CONDITIONS OF LABOR IN STORES, FACTORIES, SWEATSHOPS, TELEGRAPH, TELEPHONE, AND MESSENGER SERVICE

"Two Weeks in Department Stores," Annie Marion MacLean, *American Journal of Sociology,* May, 1899.

"How the Other Half Lives," Jacob Riis, New York, 1890.
"Children of the Poor," Jacob Riis, New York, 1892.
"Hull House—Maps and Papers," Jane Addams and others, T. Y. Crowell, 1895.

4. FACTORY LAWS AND SCHOOL LAWS AFFECTING WOMEN AND CHILDREN

"Summary of Laws Relating to Compulsory Education and Child Labor in the United States," compiled by Mrs. George Sikes, issued by the Chicago Association of Collegiate Alumnæ, may be had on application to the National Consumers' League, 105 East Twenty-second Street, New York City.

"Reports of State Factory Inspectors" may be had on application to the following: Hon. Rufus Wade, State House, Boston, Massachusetts; Mr. John J. McMackin, Commissioner of Labor, Albany, New York; Department of Factory Inspection, New Era Building, Chicago, Illinois.

"Special Report on Child Labor," Mr. Halford Erickson, Madison, Wisconsin.

5. WORKING-WOMEN'S CLUBS

"The Club Workers," "Reports of the Association of Working-Girls' Clubs," "File 1. Publications of Working-Girls' Clubs," and further information and literature may be obtained from Miss C. C. Wilkinson, 807 James Street, Syracuse.

The Committee on the Industrial Problem as It Affects Women and Children will be grateful to clubs who forward to its chairman copies of papers which seem especially valuable. It is hoped that much original material may be brought to light in connection with each aspect of the problem, and especially with No. 3, on which the present literature is deplorably scanty.

FLORENCE KELLEY, Chairman,
105 East Twenty-second Street, New York City.

VICTOR EMMANUEL III., King of Italy, has done more for human freedom in this new year of a new century than Napoleon accomplished in the name of Liberty by fifty battles whose thunders shook the world. This boy ruler has given royal recognition and the title and insignia of office to an order of nobility more ancient than the Manetho Dynasty and more glorious than the House of David. Most honorable of all titles yet bestowed by human hands, it is to be conferred (so the kingly edict ran) only upon persons distinguished for their knowledge and service in the art and theory of Industry, and any man in Italy may enter the lists for this exalted honor, from peasants of the hill country to princes of the realm.—*Chicago Commons.*

PROPHYLACTICS

IN CHARGE OF

MARY M. RIDDLE

SANITATION OF PUBLIC INSTITUTIONS

By CHARLES F. WINGATE

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HOW TO EXAMINE AN INSTITUTION

As an aid to the managers and Advisory Boards and committees of charitable or correctional institutions and to volunteer visitors to such institutions I submit the following hints as to how to determine the sanitary condition of a building of this class, based upon my professional experience of many years.

In approaching such a building one should first notice its surroundings and general appearance. Is it shut in by other buildings? Is it open to the free circulation of air? Are there many trees to obstruct sun and air and create and foster damp? Is the site high and dry or low and damp? Are the buildings of brick, stone, or wood? Do rain and melted snow soak into the ground around the foundations? Is the roof-water carried away from the building so as not to saturate the soil? Are there abundant windows? Does the building face so as to have the benefit of the prevailing summer breeze? Are there sheltered yards or walks for exercise in pleasant weather? Is the general aspect cheerful and wholesome or bleak and forbidding?

On entering the building: Is the in-door atmosphere fresh and pure, or is it stale, close, and stoggy,—a combination of odors from kitchen and laundry, and of floors scrubbed too frequently until they become water-soaked? Are the inmates pallid, inert, and tired, and do the employees look nervous, worn, and anxious? Do flowers and vines flourish, and is there any sunlight apparent or any circulation of air? Where plants thrive human beings do also, as they both require light and air, while plants suffer from dust and a dry atmosphere. Darkness and dirt are akin. It is impossible to keep a place clean if there are dark corners and general dinginess. In one of the finest hospital buildings in the world the corridors are lighted by gas by day, and in the matron's bathroom I

had to strike a match to distinguish the porcelain tub. It is marvellous how little regard to light is paid by most builders. It is a crying evil in houses of every class and size.

Examine the cracks in the floor, and if they are full of wet dirt, as is often the case, it shows too much swilling of water over old, rotting floors. I prefer using a damp mop to such wholesale methods, which may do for a ship's deck, but not for a corridor or dining-room occupied by human beings.

Let us now investigate the cellar and basement, for the underpinning of a building is the vital part. It affects the whole structure. If we find dirt, disorder, cobwebs, and neglect there, we may condemn the management at once. In the cellar is the heating apparatus and air supply. There fuel is stored and often the refrigerator, hence the importance of having it sweet and dry, light and airy. "Houses, like plants, must not have wet feet," and a damp cellar is the worst of all evils. Therefore look sharply for signs of damp. If the pipes and other metal work are rusty, if the plastered ceiling bulges or has fallen in large patches and the exposed laths "buckle," if the cracks in the stone or brick flooring are black with moisture, if the beams and posts have become mere punk with dry rot, so that a knife will penetrate them like cheese, or if the walls are clammy with moisture, then the cellar should be condemned. Vegetables will rot there, cobwebs and mildew flourish, and mould and decay abound. Cellar air will rise to every floor and penetrate every crack and crevice. If it is foul and damp, it debilitates and weakens the inmates and subjects them to colds and to increased danger of infection. Show me a house exposed to such influences, and I will guarantee a continuous crop of little ailments, and regular outbreaks of typhoid, diphtheria, and grip when they are prevalent. You cannot have health where there is constant in-door damp.

Next look at the plumbing. If the drain-pipes are hidden underground, then suspect them. They should be exposed to view along the side-wall or ceiling. If they are of brick or stone, so much the worse. If they have sagged or are not properly supported, they need bracing up. Are they light cast iron, brittle and rusted, of thin metal and short hubs? then they should be replaced with extra heavy cast iron. See that the lead in the joints does not protrude, owing to unequal expansion and contraction, and that the lead shows the marks of the plumber's calking tool. If pipes are pieced with pieces of sheet lead or tin wrapped with wire, it proves chokage with grease and that some botch plumber has been meddling with them. If there are traps or man-holes to open for removing obstructions, which have flat, round covers, see that they are tight, as they easily work loose, and should be replaced by brass trap screws.

Note if areas are protected from dead leaves and dirt, and if open to rain and snow, that the latter do not soak into a hole in the ground.

Are there windows on opposite sides of the cellar to insure a cross-current of air, and are they ever opened? Are ashes stored for any time in the cellar? Are the coal-bins so high as to obstruct light and air circulation? Are there any plumbing fixtures in the cellar, excepting a sink to draw water? If so, they are not desirable.

What is the source of the fresh-air supply? Is it likely to be contaminated from coal-dust, sheet-dust, or ashes? How long since the cold-air box was cleaned? Is it made of galvanized iron, or of unseasoned wood full of cracks and openings for cellar air to enter? Lastly, are there any recesses in the walls where drain-pipes are carried which allow cellar air to rise to upper floors?

Having discussed the immediate surroundings and the cellar, I will now consider the basement of the building. Of course, everyone understands why it is wrong to occupy a ground-floor for sleeping purposes. Yet one so often finds basements and even cellars used as living-rooms in hotels, apartment houses, and other buildings that it is proper to refer to the matter. It is bad enough to place plumbing fixtures in such places, but no person should sleep on the ground-floor under any circumstances.

We may next examine the store-rooms and refrigerators where milk, ice, and food are kept, and note if they are properly located and kept clean and sweet. Light is an important aid to cleanliness, and such receptacles should not be placed in dark corners where they are apt to be neglected. The less woodwork there is about such places the better. If they can be constructed with cement floors, so as to be occasionally washed down with a hose, it will be advantageous. Milk should not be placed directly on ice or in the same compartment with articles that may taint it. A refrigerator should not connect directly with a sewer or house-drain, but should have a waste-pipe separately trapped which discharges over an open sink in the cellar. This should also be trapped, unless it has an independent outlet. This waste-pipe should be frequently flushed with boiling water and soda, as it soon gets slimy and foul.

In this connection let me say a warning word about filters. There are scores of different devices for filtering water. In many places some such appliance is indispensable. No filter, however, can be trusted unless it can be periodically cleaned. The more impurities it collects, the more it becomes itself a source of contamination, and unless the current can be reversed and the filtering material thoroughly purified, it is to be condemned. In the most perfect filters the material is not only washed in this way, but it is oxidized by forcing a current of air through it under

great pressure, and thus all impurities are destroyed. The importance of care in selecting the right kind of a filter cannot be overstated.

Laundries in institutions are often very objectionable. They are badly located, at the foot of hall stairs or in places where the steamy vapor can rise to upper floors. Or they are dark and gloomy, and usually too small and wholly unventilated. A laundry in an institution should be detached from the main building and should be spacious and well lighted. There should be abundant ventilation, and the health of the laundresses should be duly considered. The comfort and health of domestic employees might well receive more attention. Better sleeping-accommodation should be provided. Two adults should never occupy the same bed. More baths for servants' use should be provided, with rooms where they can rest when ill and overworked. The appearance of domestic servants in general does not indicate that they enjoy the best of health, and few of them are as ruddy and robust as they might be.

Every precaution against fire should be taken in laundries, especially in drying-rooms and around stoves and other heating apparatus. Such places should be provided with automatic sprinklers, and fire extinguishers should be hung in plain view. Pails of fine sand or sifted ashes are very useful for putting out small fires, and are less troublesome than water-buckets, which are apt to be forgotten and the water allowed to evaporate or become foul and offensive.

In inspecting a kitchen in an institution it is well to inquire how the food is prepared; whether the cooking utensils are scrupulously clean; where garbage is kept, and how often it is removed. Sinks should be scoured and their traps kept free from grease by frequent doses of potash dissolved in boiling water. Pails, kettles, and other utensils should not be stored under sinks, but in closets, as they may jam the lead pipes and thus do much mischief. Such closets and all store-rooms should be light and airy. It is a common blunder for architects and builders not to arrange windows to properly light living- and work-rooms. Sinks and wash-tubs will be placed in dark corners; hall-ways will be quite dark or in a twilight gloom. Lamps or gas must be used most of the time, and as a result the help are never contented or comfortable.

We shall never get these mistakes corrected until there are more women architects, and I am surprised that women are not consulted more about such essentials.

[The prospect, in the near future, of nurses fitting themselves for positions as sanitary inspectors is discussed in many directions. We know of nurses who would like to study the technical part of such work, and THE AMERICAN JOURNAL OF NURSING will be pleased to receive inquiries in regard to such study.—ED.]

HOSPITAL AND TRAINING-SCHOOL ITEMS

IN CHARGE OF

LINDA RICHARDS

"YOU do solemnly swear, each by whatever she holds most sacred:

"That you will be loyal to the physicians under whom you serve, as a good soldier is loyal to his officers.

"That you will be just and generous to all worthy members of your profession, aiding them when it will be in your power to do so.

"That you will live your lives and lead your profession in uprightness and honor.

"That into whatsoever house you shall enter in it shall be for the good of the sick to the utmost of your power, and that you will hold yourselves aloof from all temptation.

"That whatsoever you shall see or hear of the lives of men and women, whether they be your patients or members of their households, you will keep inviolably secret, whether you are in other households, or among your own friends."

To this oath did fifty-two young-women graduates of the New York School for Trained Nurses bow in acquiescence on the occasion of the annual commencement exercises of the school, held in the chapel of the City Hospital on Blackwell's Island, and there was a buzz of favorable comment from the physicians and others who were present, for the oath, which was administered by Mrs. Cadwalader Jones, who is chairman of the Advisory Board of the school and presented the diplomas, came as a surprise to all.

"As you all know, doubtless," began Mrs. Jones, "a physician who graduates from a reputable medical school takes upon his graduation what is known as the 'oath of Hippocrates.' I will ask you to listen to a version of the Hippocratic oath, modified to suit your profession, and when you have heard it, to accept its obligations and to observe them faithfully."

Mrs. Jones then recited the oath, saying in conclusion:

"If you accept these obligations, let each one bow the head in sign of acquiescence. And now, if you shall be true to your word, may prosperity and good repute be ever yours; the opposite if you shall prove yourselves forsworn."

At the appropriate period in Mrs. Jones's address each member of the graduating class, which numbered thirty-eight young women from

the regular course and fourteen from the post-graduate course, lowered her head as directed.

The class was divided into two sections, and the leaders of these in meritorious work in the Training-School received their diplomas last. They were Miss Margaret M. Abbot and Miss M. Matilda Wescóat.

Dr. Edward S. Peck, chairman of the Board of Examiners, acted as presiding officer, and Charities Commissioner John W. Keller delivered the commencement address. Dr. Edward S. Fisher, visiting physician of the City Hospital; the Rev. George T. Purves, pastor of the Fifth Avenue Presbyterian Church, and the Rev. M. J. Lavelle, rector of St. Patrick's Cathedral, delivered short supplementary addresses, and Superintendent Mary S. Gilmour, of the Training-School, read the annual report. A reception followed the exercises.

In a manner that was a credit to themselves and highly satisfactory to their friends the Class of 1901 of the Brooklyn Hospital Training-School was graduated Wednesday, May 29.

The exercises were held in the large assembly-room of the school, which was crowded with friends of the nurses, and the many floral souvenirs presented to the class constituted a very beautiful and effective decoration.

The graduates, twelve in number, composed the twentieth class that has been graduated from the Training-School, and compared favorably with those of former years.

The president of the Board of Trustees of the hospital, Mr. John E. Leech, was the chairman of the meeting, and Mrs. Thomas R. French and Mrs. Frederick P. Bellamy, president and vice-president respectively of the Woman's Auxiliary, presented the diplomas and badges to the graduates.

The programme was opened by prayer by the Rev. Dr. Goodenough. Then followed the Class Song.

The words were written by Miss Elizabeth Lovena Hatfield and the music by Mrs. Grace Beardsley Mott. This is the first time in the history of the Training-School that a Class Song has been adopted by any graduating class.

This one selection constituted the musical part of the programme.

The Hippocratic oath was then administered to the graduates by Miss Miss M. I. Merritt, superintendent of the Training-School.

In accordance with the usual custom, a prize was awarded by the auxiliary to the nurse having the highest general record during her term in the school.

Miss Elizabeth Lovena Hatfield was the winner of this prize, a set of

hypodermic instruments. James McKeen, former president of the Hamilton Club, then delivered the address to the class.

On the conclusion of the exercises a reception was held by the graduates.

" CLASS SONG—1901

" Classmates, pause, review our school-days,
Marked alike with joy and care,
Memory holds each sacred token,
Victory and defeat we share.

" Step by step we've marched together,
Reached the goal we each have sought,
And to-day we meet, the hour
Both with pain and pleasure fraught.

" Books are closed, our tasks are ended,
School-days o'er—nay, just begun.
Life's work meets us at the threshold,
Speaks its duties one by one.

" Let us then go on rejoicing
In the great work we've begun,
Until victory crowns our efforts,
And we hear the words, ' Well done.' "

—Elizabeth Lovena Hatfield.

The Isabella Graham Hart Memorial Home was a blaze of light and festivity Thursday evening, June 23, upon the graduation of the Class of 1901 of the Nurses' Training-School of the Rochester City Hospital. The class included the Misses Alice Luciile Wheaton, Maude Eunice Bayley, Jessie Morrison Waltre, Lilian Mabel Moore, Flora May Stevens, Mary Isabella Malloch, Lena Maud Bell, Margaret Jean Cameron, Mary Watt, Louisa Odans, Jessie Scarth Flett, Wilhelmina Williams, Mary Typhena Phelan.

In the absence of Mr. Henry G. Danforth, president of the Board of Directors, Mr. Charles P. Ford presided.

All the rooms on the ground floor had to be robbed of their chairs to accommodate the number of guests assembled in the large hall.

President Rush Rhees, of the Rochester University, opened the exercises with a prayer, which in itself should be a stimulus to the graduates in their future work.

Mrs. Henry Gold Danforth, in her usual happy way, then made the address of the evening.

Mrs. Margaret W. Giles added greatly to the pleasure of the evening with the song, " Spring Had Come."

The exercises closed with the benediction, pronounced by President Rush Rhees.

The supper-table, in charge of Mrs. Richard D. Harlan, was set in the hall beneath the beautiful memorial window. Masses of white lilacs, shining silver, and tempting dainties made this a most attractive corner. The whole home was a perfect bower of flowers.

This class of thirteen, the last to graduate under Miss Palmer and Miss Smart, is one of which they may well be proud, and wherever each one may go will always be a lasting tribute to their efforts.

WESLEY HOSPITAL has been completed, and was informally opened June 17. For more than two years the members of the Chicago Methodist Preachers' Association have been trying to raise the money to build this hospital, the only one of its kind in Chicago.

The hospital, which stands on the lot at Twenty-fifth and Dearborn Streets, is adjacent to and connected with the Northwestern University Medical School, and was erected at a cost of two hundred and ten thousand dollars. It is the plan of the hospital and medical school to work in conjunction, and cases from the hospital will be taken to the school, where the professors can demonstrate before their classes. It is largely through the efforts of Dr. R. D. Sheppard, of Northwestern University, that the Methodists have at last secured the hospital, which they have wanted for a number of years. Work on the building was commenced two years ago, but through lack of money and labor difficulties many delays were caused. The first patients will be received in the new hospital about the first of July.

THE exercises connected with the graduation of the eleventh class of pupil nurses from the Training-School of the Hospital of the Protestant Episcopal Church in Philadelphia took place in the chapel at the hospital on June 25 at eight P.M.

Nineteen nurses were graduated: Misses Emily Allen, Charlotte M. Bietsch, Ottilie E. Dottir, Sara M. Dunsmore, Mary Humphrey, Laura D. Howard, Mabel A. Harrison, Blanche Knox, Barbara McLennan, Mary Morris, S. Maude Mutchler, Minnie A. Morgan, Margaret Nichols, Carrie M. Otto, Elizabeth C. Pfeiffer, Gertrude Rorke, Ida Z. Thompson, Lenora C. Williams, and Clara Wahl.

The bishop of the diocese presided. Order of exercises: Hymn; superintendent of hospital presented the graduating class to the bishop; bishop's response; responsive reading; prayer; Magnificat; St. Luke i. 46; presentation of diplomas; hymn; prayer for nurses.

THE new operating-rooms and adjoining anæsthetic- and wash-rooms at St. Joseph's Hospital, St. Joseph, Missouri, are now completed, and the first operation was performed there a few days ago by Dr. T. E. Potter. All in all, there are five rooms, which are connected by doors and hall-ways. The flooring in all is of tile, inlaid with ornamental figures on a white ground.

The large aseptic operating-room is very convenient, and both day and artificial light is as good as could be desired. In the centre of the ceiling there is a large skylight, and the windows on the east nearly take in the entire wall. The north and south light also is good. The big operating-table is provided with a glass top, and the dressing-tables are also covered with glass. The walls of the room are wainscoted with white and blue marble, and the general tone of the interior is a combination of light colors.

THE contract for the erection of the proposed Charlotte Williams Hospital, Richmond, Virginia, has been let. When completed it will be the largest institution of its kind in the South, with the exception of the Charity Hospital of New Orleans. The hospital will be thoroughly modern and up to date in every way. The furnishings and appliances will be of the latest design and of the most improved character. It is the intention of those interested to have the institution the most thoroughly equipped hospital in the South, to rank with any of the hospitals in the country.

The work on the construction of the new buildings, as has been stated, will be at once begun. The contract calls for its completion within a year and fifteen days.

THE nurses on duty in the Emergency Hospital at the Pan-American Exposition for the month of July were as follows:

Miss Jennie A. Warner, Garfield Memorial Hospital, Washington, District of Columbia.

Miss Mae McCulloch, Lansing Hospital, Lansing, Michigan.

Miss Harriet M. Carey, Buffalo General Hospital, Buffalo, New York.

Miss Maude Trueman, Royal Victoria Hospital, Barrie, Ontario.

Miss Florence Dodds, Lexington Heights Hospital, Buffalo, New York.

Mrs. Eunice W. Hughes, University of Maryland Hospital.

AN emergency hospital, its doors open day and night, with an automobile ambulance in constant attendance, will throw its portals open to the Los Angeles public before another winter season opens.

The Emergency Hospital Association was incorporated two weeks ago under the laws of California. It is hoped by the time the hospital is in readiness to receive patients that one hundred beds will have been endowed by the public.

The building will be of red re-pressed brick, with white terra-cotta trimmings, three stories in height and with the basement raised four feet above the sidewalk. It will be modern in structure and appointment and designed to accommodate three hundred and fifty patients.

THE commencement exercises of the graduating class of 1901 at Faxton Hospital, Utica, New York, were held in June at the institution. There were five members of the graduating class, Ivy Leontine Fairchild, Sara Ann Woglum, Florence Edith Peckham, Bessie Morgan Bowen, and Carolyne Palmer Tillotson. The exercises opened with prayer by Rev. E. H. Coley, followed by a bass solo by Harry Rowley. Rev. H. H. Tweedy then delivered the address to the graduating class. After the presentation of the diplomas the exercises closed with a duet finely rendered by Miss Dean and Mr. Rowley. The friends of the graduates then extended hearty congratulations and good wishes and an informal reception was held.

DIRECTOR OF CHARITIES COOLEY, Cleveland, Ohio, is preparing to have a special hospital for consumptives constructed on the City Infirmary grounds. For a long time the city has had set aside one ward in the City Hospital for this class of patients, but it does not now begin to accommodate those suffering from tuberculosis. The result is that they are scattered among the sick suffering from non-contagious diseases, thereby endangering the lives of many.

Director Cooley's plan is to have a separate building put up so that consumptives will not mingle with other patients at all. There is plenty of room on the grounds. He will have an architect draw up plans in a few days.

MISS ALICE A. GRISWOLD, who for the past nine years has been the very efficient superintendent of the Training-School connected with the Massachusetts Homœopathic Hospital, Boston, Massachusetts, has resigned her position and will leave the school September 1. Miss Griswold will be very much missed by both the hospital and Training-School, and her place will not be easily filled. The excellent standing of the school is due very largely to her conscientious, intelligent, and thorough work.

THE next meeting of the Association of Hospital Superintendents will be held in New York City on September 10, 11, and 12, with headquarters at the Murray Hill Hotel, on Park Avenue, from Fortieth to Forty-first Streets. There will be but one session a day, lasting from nine o'clock A.M. until one P.M., giving delegates an opportunity to inspect the magnificent hospitals of the great metropolis, as well as to visit the various sources of hospital supplies, of which New York is the greatest depot in this country, if not in the world.

THREE of the class in Hospital Economics who graduated this spring have already secured institution positions: Mrs. Mary V. Sullivan is to take charge of the preliminary course at the Johns Hopkins Hospital; Miss Annie R. Young assumed the duties of superintendent of the Muhlenberg Hospital, Plainfield, New Jersey, on July 1; Miss Ida R. Palmer is to teach the diet classes at the Albany Hospital, her engagement commencing October 1.

THE Lafayette Home Hospital Training-School, Lafayette, Indiana, graduated its first class of nurses June 12. The exercises were held upon the lawn in front of the hospital. The principal address was delivered by Dr. F. B. Thompson. At present the school numbers six pupils. In the autumn the number will be increased to ten. The Kile Memorial is rapidly nearing completion, and when it is finished the present hospital building will be utilized as a Nurses' Home.

THE graduating exercises of the Toledo Training-School, Toledo, Ohio, were held on the evening of June 4. The graduates were: Mrs. Minnie Williams, Mrs. Cecelia Brown, Miss Florence Horden, Miss Cora Needham, Miss Carrie Reed, Miss Eunice Hoffman, Miss Ira B. De Witt, Miss Jeannette Campbell, Miss Mabel Rood, Miss Catherine Morgan, Miss Charlotte Duncan, and Miss Carrie F. Penfield. An interesting programme was given.

MAY 30 was set apart as donation day at the Jewish Hospital, Philadelphia. The graduation exercises of the Training-School took place on the same day. Seven nurses were graduated, and the Matilda Kaufman gold medal was given to Miss Nellie S. French for the highest honors.

During the past year the Lucian Maas Home for Incurables has been completed.

MISS IDA V. SHEPARD, a graduate of the Boston City Hospital Training-School, Boston, Massachusetts, has taken charge of the Mary

Hitchcock Memorial Hospital, Hanover, New Hampshire. She fills the vacancy made by the resignation of Miss Theresa G. Leach, who had been superintendent of the hospital since it was opened some nine years since.

THE Lutheran Hospital Association, composed of all the Lutheran churches of the synods of neighboring States, has decided to establish a training-school for nurses in this city in connection with the magnificent hospital now being constructed by them at La Crosse, Wisconsin. The hospital is to be completed in a few months.

MISS L. L. DROWN, superintendent of the Boston City Hospital Training-School, Boston, Massachusetts, has returned from a vacation of more than three months. Miss Drown visited Southern California and many places of interest en route, and it is to be hoped that the change and rest will prove beneficial to her.

MISS MARY GRACE HILLS, superintendent of the Training-School and matron of the Central Maine General Hospital, Lewiston, Maine, has resigned her position, her resignation to take effect August 31. Miss Hills has been in her present position four years, and leaves to take up district work in Boston, Massachusetts.

WORK has been commenced on the Nurses' Home at the Taunton Insane Hospital, Taunton, Massachusetts. The building is to be of brick, three stories high, one hundred and seventeen feet long by thirty-eight wide. When completed it will have all modern improvements and will accommodate fifty nurses.

FIRE in the General Military Hospital at the Presidio, San Francisco, California, destroyed three wards, the kitchen, dining-room, and medical-supply room.

None of the patients was injured. The loss is estimated at twenty-five thousand dollars.

PLANS are being drawn for the large Nurses' Home to be built for the Chester Hospital at Chester, Pennsylvania. It will be a complete building with every possible interior appointment in that line. Estimates will be requested in about two weeks, and local builders will bid.

THE graduating exercises of the Northwestern Hospital Training-School for Nurses, Minneapolis, Minnesota, took place Thursday afternoon, June 20. Six young women graduated. At the close of the exercises an informal reception was given the nurses and their friends.

Miss Agnes P. Mahony, superintendent of nurses of the Metropolitan Training-School on Blackwell's Island, New York, has resigned her position and is to take up missionary work in Western Africa, where she hopes to establish a training-school among the Liberians.

The first annual commencement of the Training-School for Nurses in connection with the Allentown Hospital, Allentown, Pennsylvania, took place in the Lyric Theatre. Three nurses graduated. Dr. E. P. Davis, of Philadelphia, delivered the address.

The fifth annual commencement exercises of the Training-School for Nurses of the County Hospital, Los Angeles, California, took place June 20, at eight P.M. Eight nurses graduated. The exercises consisted of addresses and music.

Uniontown, Pennsylvania, is to have a new hospital. The citizens of Uniontown must provide the site, and the Legislature has provided money to build the hospital and provide for its maintenance for two years.

The corner-stone of the new Borgess Hospital, Kalamazoo, Michigan, was laid June 10. The ceremonies were in charge of Very Rev. Father O'Brien, of St. Augustine's Church, Kalamazoo.

The Presbyterian Hospital, Atlanta, Georgia, is nearly ready for occupancy. It will be dedicated early in July. An order has already been placed for a part of the furniture.

Miss Elizabeth L. Parker has resigned her position as superintendent of the Lansing Hospital to accept the position of matron in the Michigan School for the Blind.

The County Hospital at Wauwatosa, Wisconsin, is to have a new addition which will cost eighty thousand dollars. The work upon it is to be commenced at once.

The first class to be graduated from the Lakeside Hospital School for Nurses in Cleveland held the first meeting of their alumnæ June 1.

St. Vincent Hospital, Norfolk, Virginia, has been completed and was opened April 20 with very appropriate exercises.

Ground has been broken for the new addition to the St. Elizabeth's Hospital, Dayton, Ohio.

Work was commenced May 22 on the new City Hospital, Sherman, Texas.

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF
MARY E. THORNTON

THE CONGRESS OF NURSES

TRAINED NURSES' DAY AND THE TEMPLE OF MUSIC

THE Director-General of the Pan-American Exposition, Mr. W. C. Buchanan, has written to the chairman of the Buffalo Nurses' Association to say that on Trained Nurses' Day, Saturday, September 21, the Music Temple on the Exposition grounds will be reserved for the use of the nurses from one o'clock to three-thirty P.M.

A DELEGATE FROM THE UNITED STATES ARMY NURSE CORPS.

Assistant-Surgeon-General W. H. Forwood, Acting Surgeon-General, has informed the Congress Committee that orders will be requested directing the assignment of a representative of the Army Nurse Corps as a delegate to the Congress.

HOSPITALITY EXTENDED

Mr. J. Ross Robertson, president of the Board of Trustees, Hospital for Sick Children, Toronto, whose kindness and hospitality are proverbial, has written to Miss Snively that he will open the reception-room of the *Telegram,* on Bay Street, to our foreign visitors for attending to their correspondence, and for obtaining any information, and that his own secretary will be at their disposal.

PERSONAL

Miss Isla Stewart and Miss Waind expect to land in New York on September 7 or 8, and will spend a few days with Miss Brennan at Bellevue.

Miss Wood and Miss Hughes arrive on the 14th or 15th, and will stay at the Nurses' Settlement on their way to Buffalo.

DEFERRED MEETING

The New York State Association will defer its meeting until later in the fall, and due notice will be sent to the journals of the time and place decided upon.

THE NATIONAL COUNCIL OF WOMEN OF THE UNITED STATES

At a conference of officers of the National Council of Women the following resolutions relating to a *Council Bulletin* were passed:

Moved by Mrs. Sewall and voted unanimously:

"That a *Council Bulletin* be published, and that not less than five numbers be issued before the next triennial.

"That Mrs. Spencer be appointed editor-in-chief of the *Council Bulletin,* with the privilege of employing a Providence printer, and with an Advisory Board to consist of the president, Mrs. Gaffney, Mrs. Cynthia Westover Alden, chairman of the Press Committee of the National Council, Mrs. Ida Husted Harper, chairman of the Press Committee of the International Council, and Mrs. Ellen A. Richardson, cabinet head of the Department of Art and Literature.

"That the committee on publishing the *Council Bulletin* shall be permitted to draw upon the treasury for a sum not exceeding one hundred and fifty dollars for the five numbers, and shall be allowed to use discretion as to the relative amount to be expended for the first issue, and that each issue shall consist of at least fifteen hundred copies."

The letter which was sent to the officers of the American Federation of Nurses (comprising the Superintendents' Society and the Associated Alumnæ) relating to this proposed publication said:

"As appropriations from the council treasury for new work require the consent of the executive, and as the *Bulletin,* to be of use, must be issued in at least two numbers before the next meeting at Buffalo, the consent of the presidents of organizations within the council is asked by the officers for this action. Also, as each *Bulletin* will contain the names of all our affiliated bodies, with that of one officer with address, and may also give a line to each one (not to exceed ten words) stating object and numbers, and may if desired contain also date and place of the next meeting of that organization, it is certain that the benefit to each organization will entitle the officers not only to consent to the measure, but also to aid in making the expense to the council treasury as light as possible. The one hundred and fifty dollars voted is in the nature of a guarantee, and we hope will not have to be drawn upon. Already one hundred subscriptions for five numbers of the *Bulletin* at twenty-five cents for the series have been received, and the appended questions are sent to you in the hope that your reply will be a pledge of aid as well as a consent to what is proposed."

The first question was: "Do you consent to the issuing of *Council Bulletin* in accordance with enclosed resolutions?"

The second: "Will you subscribe for copies for your organization?"

The third: "If so, how many?"

To the above questions the secretary of the federation answered in the affirmative, giving the consent of the federation to the publication of the *Bulletin*. The second and third questions were not answered, as they must be decided at the business meetings of our associations.

The National Council of Women will meet in Buffalo on September 13, and the American Federation of Nurses is entitled to two delegates. The Executive Committee has asked Miss Keating from the superintendents, and Miss Sophia Palmer from the alumnæ, and they have consented to serve.

NEW ENGLAND HOSPITAL ALUMNÆ

THE annual meeting of the New England Hospital Training-School Alumnæ Association was held at the Nurses' Home on May 29. The following officers were elected:

Honorary president, Miss Linda Richards.

President, Miss Drusilla Hodgins.

First vice-president, Miss Louise Furber.

Second vice-president, Miss M. B. McIntosh.

Third vice-president, Miss Maren Wahl.

Treasurer, Mrs. Emma Wilson Smith.

Secretary, Miss A. Dillet.

Assistant secretary, Mrs. Louise B. Verette.

Advisory member, Miss A. C. Jaume.

Chairman of registry, Miss A. C. Jaume.

Registry Committee—Miss Sarah Beatty, Miss Dillet.

It was unanimously voted that "thanks be sent to Miss C. D. Noyes (ex-superintendent of nurses) for her hearty coöperation in the organization of the association and the registry, and her services as advisory member and chairman of the registry and registrar. We do hereby show our appreciation."

Letters from absent members endorse the above sentiments.

After the graduating exercises the Class of 1901 were entertained by the alumnæ. As the weather was too rainy to hold the usual festivities on the hospital grounds, the doors of the spacious corridors where the nurses are located in the new surgical building were thrown open, and Japanese lanterns were suspended from the ceiling to brighten the gloom of the afternoon. A room was decorated with flags, etc., in which tables were laid and supper was served between six and eight. The staff and house officers were present, and all enjoyed a pleasant evening.

THE SPANISH-AMERICAN WAR NURSES

THE 1901 meeting of the Spanish-American War Nurses will be held in Buffalo, New York, September 16 and 17, immediately preceding the International Congress of Nurses. The change from Washington to Buffalo as the place of meeting has been decided on by the officers at the request of many members and with the approval of all whose opinions could be obtained.

The complete programme will be mailed to members soon, and those who have lately changed addresses are requested to notify the corresponding secretary and treasurer, Mrs. H. C. Lounsbery, 493 Quarrier Street, Charleston-on-Kanawha, West Virginia.

ANITA NEWCOMBE MCGEE,
President S.-A. W. N.

BROOKLYN MEMORIAL HOSPITAL ALUMNÆ

AT the annual meeting of the Alumnæ Association of the Memorial Hospital Training-School, Brooklyn, New York, the following officers were elected:

President, Miss M. J. Parry.

Vice-president, Miss V. Parbury.

Secretary-treasurer, Miss Clara Richard.

Miss M. M. Wallace, supervisor of nurses, was made honorary member of the society.

A committee was appointed to raise funds to furnish a room in the hospital, which will be known as the Alumnæ Room.

A letter was read from Miss Botch, who is at present in Trinidad, Cuba, organizing a training-school for nurses.

PHILADELPHIA WOMAN'S HOSPITAL ALUMNÆ

THE Nurse Alumnæ Association of the Woman's Hospital, Philadelphia, gave a "birthday party and tea" at 1515 Westmoreland Street on May 15 for the benefit of the "graduate nurse bed," the proceeds of which are three hundred and one dollars and seventy-three cents.

At the commencement of the Training-School in December last the alumnæ representative presented to the hospital one thousand dollars, this being the first payment on the three thousand five hundred dollars required to endow a bed and furnish a room. The graduate nurses are now entitled to the use of a bed for three months in the year.

It is intended to give an illustrated lecture on "Summer Wanderings in Europe" in the fall.

A special meeting of this association was called on Tuesday, June 25, at the home of the president, 1515 Westmoreland Street, at which Miss Anna M. Peters was elected a delegate to the International Congress of Nurses to be held at Buffalo. The Misses Lillian L. Allen, Margaret McEwen, and Margaret L. White were elected alternates.

At the final account the proceeds of the "birthday party" were shown to be three hundred and twenty-six dollars and thirteen cents.

Seven names were proposed for membership.

After considering other business, adjourned to meet at 1227 Arch Street, September 11, 1901.

LONG ISLAND COLLEGE ALUMNÆ, BROOKLYN

A EUCHRE PARTY was held for the benefit of this alumnæ on Wednesday, June 5, at "The Arlington." There was a large gathering of friends and a reunion of many of the members who had not met for a number of years, and a most enjoyable evening was passed.

After refreshments were served a number of very handsome prizes were awarded the successful players, several of which were the gift of Miss Milhan, a kind friend of the nurses, and they wish to tender her their thanks for her interest and help. They also wish to thank Miss Haines and the Entertainment Committee for their earnest efforts in making the euchre party a success, as the treasurer reports an addition in the treasury of over one hundred dollars.

The annual outing of this association was held in Prospect Park on June 13, the members meeting at the Park Plaza at three P.M. As the day was perfect, the park never looked more inviting, the refreshing green of the trees and shrubbery contrasting so beautifully with the bright and varied coloring of flowers of every description, from the simplest to the most highly cultivated, and as one of the nurses expressed it, "The park is indeed a fairyland of beauty at this season of the year."

We regretted very much the absence of our president, Mrs. Twing, and a number of the nurses, who found it impossible to enjoy the outing with us.

After a pleasant social chat Miss Sutliffe announced that the time had arrived to have lunch served, so at once the tempting feast was spread under one of the fine old shade-trees, and it need not be said that the members were in excellent condition to do justice to the generous supply of viands.

The party then took a stroll to the different points of interest in the park, visiting the "Vale of Cashmere," and as we viewed it from the rustic bridge the sight was enchanting. We then saw the "Rose Garden." The beauty and fragrance of these choicest of roses we shall not soon forget. We also visited the "Italian Garden," with its large collection of tropical and home plants, and as we descended the stairs, either side of which is carpeted with variegated flowers to form the design, we could not but marvel at the perfection to which artistic gardening had come.

As the day came to a close we all felt benefited and refreshed by our pleasant reunion, and no doubt each one of us will long remember the happy day spent together.

THE Brooklyn Homœopathic Alumnæ send greetings, more particularly to our sister nurses from abroad who are visiting us this summer.

Our alumnæ was formed five years ago, and although we have accomplished some good work in the past, having had drills in parliamentary law, lectures in bacteriology, etc., we think that during the present year we have accomplished our most efficient work. The city having bought our hospital for the purpose of making it a charity hospital, our "alumnæ" asked permission of the "Memorial Homœopathic Hospital of Brooklyn" to furnish a room for our sick members. Permission was granted, and a committee of four was appointed, Miss Potter, Miss Park, Miss Fanning, and Miss Griswold. The room is comfortably and prettily furnished, having cost the members one hundred and forty-four dollars. Two of the nurses donated books and a third a scrap-basket. We are so much encouraged with our small beginning that we hope in the not distant future we shall be able to raise among our "alumnæ" members one thousand dollars and endow the room.

THE graduates of the Cooper Hospital, Camden, New Jersey, met on Wednesday, June 12, for the purpose of organizing an Alumnæ Association. It was decided to hold quarterly meetings on the first Monday in January, April, July, and October at the hospital.

Officers elected:

President, Miss Ella Michaels.

First vice-president, Miss Effa Fahringer.

Second vice-president, Miss Nellie Hankins.

Secretary, Miss Irene B. Myers.

Treasurer, Miss Mary E. Rockhill.

On Friday afternoon, June 14, at Camden, New Jersey, an Alumnæ Association was organized by the graduates of the West Jersey Institute for Training Nurses, assisted by the faculty and Nurse Committee of the West Jersey Homœopathic Hospital for Women and Children.

A constitution and set of by-laws were adopted, and the following officers were elected:

President, Mrs. Elizabeth K. Lawrence.

Vice-president, Miss Elizabeth Webb.

Secretary, Miss Mary A. Craig.

Treasurer, Miss Jennie B. Fix.

Executive Committee—Misses Lida M. Foster, Alice M. Greer, and Mary F. Parker.

The class secretaries appointed were Mrs. Emma J. Morgan, 1896; Misses Mary A. Craig, 1897; Jennie B. Fix, 1898; Alice M. Greer, 1900; Edythe E. Dunlap, 1901. Miss Mary F. Parker was appointed necrologist, and Miss Adeline W. Robson was elected an honorary member.

After a vote of thanks to the faculty and Nurse Committee for their assistance and to the Board of Managers for their entertainment, the meeting adjourned.

A dainty tea was served by the Board of Managers.

In the evening the fifth annual commencement exercises of the Training-School were held in the First Methodist Episcopal Church, at which the Rev. George B. Wight delivered an excellent address.

Dr. Wallace McGeorge, secretary of the Training-School, presented diplomas and conferred the degree of medical and surgical nurse upon the following graduates: Misses Edythe Estelle Dunlap and Mary Frances Parker.

Class pins were presented by the head nurse, Miss Adeline W. Robson, with fitting remarks.

Flowers and gifts were in profusion, and music was interspersed throughout the programme.

After the exercises a reception to the graduates was held in the hospital parlor, which was tastefully decorated with flags, flowers, and the school colors.

The Press Committee of the Nurses' Congress has written to all the societies and Nurses' Clubs asking for short histories of the associations with biographies of delegates.

Such societies are also requested to send copies of reports, journals, constitutions, and any other printed matter to the collection of nurses' writings. Address Miss Damer, 55 Mohawk Street, Buffalo.

At a special meeting of the Executive Committee of the Alumnæ of the Training-School of the Hospital of the University of Pennsylvania, held June 13, 1901, the following resolutions were adopted:

"Whereas, It has pleased our Heavenly Father to remove from our midst Miss Harriet H. Fetherman, an esteemed member of our association; therefore

"*Resolved*, That in her death our association has lost a highly esteemed and much loved member, and the nursing profession a faithful worker.

"*Resolved*, That a copy of these resolutions be extended with our deepest sympathy to her family, that a second copy be sent to The American Journal of Nursing, and that a record be made of the same in the minutes of this meeting.

"E. Ramsden,
"M. G. Fay,
"N. M. Casey,
"Committee."

VISITING NURSING IN NEW YORK*

BY MRS. MERLE CARHART
Post-Graduate Hospital Training-School, New York

Within the past three or four years there seems to have sprung up a considerable demand for the services of trained nurses to perform what has been called visiting or hourly nursing. It often happens that it is neither necessary nor desirable in certain cases for the patient to have the continuous presence of the trained nurse during the entire twenty-four hours of the day. In some families, even among the wealthy, an additional member of the household in a time of sickness is an inconvenience to be avoided, unless absolutely essential for the safety of the patient. If a visiting nurse can be procured to do those things which only a trained nurse can properly perform, maids and relatives can be depended upon to attend to the ordinary needs of the sick person. Of course, it is only a limited class of cases to which visiting nursing is applicable. We all recognize the fact that acute diseases of a serious nature should have the continuous care of a trained nurse to carry out the treatment of the medical attendant. In many medical cases, however, especially in those of a semi-acute or chronic course, the visiting nurse can attend to the daily bath, apply massage or electricity, give enemata, douches, or irrigation, see that medicines are properly taken; in fact, she can in an hour or two "do up" the invalid for the day, so that her absence at other times is not detrimental. She should usually arrange her visit so as to be present, for obvious reasons, when the doctor calls.

* Read at the Third Annual Convention of the Associated Alumnæ.

In some surgical cases, also, the presence of the nurse at operations, when surgical dressings are made, or when special treatment is adopted may be all that is essential, provided additional care is possible from members of the family or friends.

For people living in boarding-houses and small apartments visiting nursing is eminently desirable, since there is often absolutely no place for a nurse to sleep. In addition, the comparative economy of visiting nursing is a factor of importance with people of small means, who might not otherwise be able to procure a trained nurse at all.

The need for visiting nursing and its success have some analogy to the need for and success of district and settlement work, about which we have been hearing.

The fact of visiting nursing in New York has not yet become well known among the laity, nor are its advantages appreciated by the medical profession. Both the laity and the doctors seem to recognize the need for hourly nursing when the idea is presented to them, but it has been the experience of the writer of this article that devotion to visiting nursing is often interfered with by demands for regular, continuous nursing. One doctor who gave great encouragement to the writer to devote herself to hourly nursing was quite indignant at her refusal to take a regular case, and never called her again for either regular or hourly work. In preparing this article the writer has corresponded with the few nurses whom she has found to be doing visiting nursing, and will now quote from some of the letters received.

Miss Mary L. Pring writes: "When I began, about a year ago, I visited many of the doctors, and although they all professed to be interested in hourly nursing and glad to hear there was such a nurse to call upon, in almost every case I never heard from them afterwards. Neither the doctors nor the laity seem to have gotten used to the idea yet, although I believe it will come with time." Miss Pring's experience was limited to a very few cases.

Miss Martha L. Janes thinks that "the subject does need to be brought more before the public. Even doctors who have had the matter brought to their notice forget about it. A patient of mine to whom I was recently speaking of hourly nursing said: 'Why, surely my doctor could not have known about this. That would have just suited my case two years ago, when I could not have a trained nurse all the time.'"

Mrs. Lester Wilson, a New York Hospital nurse, is one who has already made a success of visiting nursing, and she has sent the following contribution, which will be quoted in full, although covering some points already touched upon:

"I think that there is a great call for hourly nurses in a city or

village or any place. I have found that in a great many cases people do not require to have a nurse all the time, and a great many other people cannot afford to hire a nurse all the time, and that a nurse can go in, and in an hour or two can accomplish as much as a nurse who is there all the time, as far as actual care is concerned. Wealthy people do not care so much for the expense, but they do not want a nurse around all the time. They have maids in the house who can wait on them and do everything but the one thing that they call the nurse for, which is something that a maid would not be capable of doing.

"The training for hourly nursing should be the best. Just any nurse cannot satisfy people, by any means. Why people do not have a higher opinion of hourly nursing than they do is because some nurse who is too old or too tired, or for some reason or other has not succeeded very well at private nursing, has taken up hourly nursing. If really first-class nurses would go into it, they could make as much money as they do at private nursing, and would get a great deal more fresh air and exercise than they do now. I think it is a great deal pleasanter than private nursing. I certainly never did private nursing because I thought it was pleasant, but because I could not afford to do institutional work.

"I have so many nurses who come to me and say, 'I come to you because I know you have made a success of hourly nursing, and I want your opinion as to whether I had better take it up.' And then I ask them why they want to take it up, and nine times out of ten I find that it is because they have not made a success of private nursing; and I advise most of them not to go into it, because they are not fond enough of hard work. Anyone who is going into hourly nursing to make a success of it ought to just love hard work, and dirty work too. The trouble with a great many nurses is that they are so fond of sitting around with their hands folded.

"To make hourly nursing pay, too, a nurse ought to have a good deal of executive ability in order to plan her day and get it all to come out right.

"The charge for the work ought to be regulated according to the patient's ability to pay, just as a doctor regulates his charges. People who can afford to pay four dollars a day and the board of a nurse are quite willing to pay two dollars for a visit from a nurse if in an hour she gives them a bath or an irrigation, or does a surgical dressing and gets them straightened out for the day. I do not remember that I have ever had anyone object to the price that I charged them for hourly nursing."

Mrs. Lester Wilson has expressed herself very forcibly, and her ideas regarding the work are decidedly original.

In order to make a success of visiting nursing in New York, where

the idea has not yet been fully developed, registration in some nurses' registry seems essential, and perhaps it may be necessary occasionally to take regular cases for continuous work also, until a sufficient clientèle of hourly nursing is obtained. But in general the two kinds of work are conflicting, since one long case of continuous nursing puts a nurse out of touch with her other patients and makes her unavailable when called upon for hourly nursing.

From a financial stand-point visiting nursing is at least as remunerative as regular nursing if a good clientèle is obtained. The writer has at times made considerably more than four dollars per day. Of course, occasionally cases were few and receipts limited, but an average of three or four patients a day should support a nurse nicely, with the advantages of considerable leisure during the day and regular sleep at night.

As to rates, the writer considers one dollar for the first hour and twenty-five cents for the ensuing hours are probably all that people of limited means, constituting so large a proportion of the patients in hourly nursing, can afford to pay. Perhaps the second hour should usually be fifty cents, as suggested by Miss Martha L. Janes, with whose ideas in the following quotation the writer agrees in the main. She says:

"Our registry at first voted to have the rates for hourly nursing one dollar for the first hour and twenty-five cents for each ensuing hour till the usual price per day was reached.

"After my second case I was fully persuaded that the price for ensuing hours should be fifty cents instead of twenty-five cents. In the majority of cases the extra twenty-five cents is so little that the nurse will be kept that length of time,—I mean for two hours, anyway,—and by the time car-fare is paid almost nothing remains for the hour's work, and very likely a good part of another hour will be consumed in getting to the next patient or to one's room."

In conclusion, the writer thinks that visiting nursing has a future of success before it, and that it has many advantages both for patient and nurse.

The advantages for the patient have been sufficiently dwelt upon. For the nurse it gives varied and interesting work, in many ways pleasanter than regular continuous nursing; it furnishes fresh air and exercise, and is therefore healthier than confined work in private nursing; it insures sleep at night and regular habits, and is therefore more comfortable as well as healthier; and, lastly, it is with a good clientèle fully as remunerative as regular nursing, besides giving greater freedom of action and mode of life. As its advantages are better known it is sure to be taken up more and more by successful nurses.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK

ORGANIZATION NOTES

THE LEAGUE OF ST. JOHN'S HOUSE NURSES

A MEETING to inaugurate a League of St. John's House Nurses was held at St. John's House, Norfolk Street, Strand, London, on Saturday, June 15. This is the second league to be formed in England of the nurses of one school, corresponding to our alumnæ associations.

St. John's House is an interesting institution, founded in 1848 much on the Kaiserswerth lines, and some of the St. John's sisters went to the Crimea with Miss Nightingale.

The sister superior said in her address in part:

"There are two great objects set before us for the raison d'être of our league: first, to keep up a high standard of ethics in the nursing profession, and, next, for mutual help and pleasure. Work in the first place, for we pledge ourselves to promote in every way we can the many interests of our profession, and this involves hard work. And pleasure follows, for there is no pleasure so real as that which comes to fellow-workers in the self-same cause when they can meet together and feel, as well as speak, the joy which comes from united coöperation in the same work."

The objects of the league are:

(*a*) To elevate and strengthen the profession by endeavoring to maintain a high standard of work and conduct.

(*b*) To bring about a uniform system of education, certification, examination, and State registration for British nurses.

(*c*) To promote the usefulness and honor, the financial and other interests, of the nursing profession.

(*d*) For mutual help, sympathy, and pleasure.

The membership qualification is the certificate of three-years' training, after examination, in a general hospital of not less than fifty beds.

To cover such as were trained in a former less period of time, it is provided that for two years to come nurses who had the shorter training may be elected into membership.

The league intends to publish a half-yearly journal, containing names and addresses of members with their official positions, and items of interest.

OUR FOREIGN EXCHANGES

IT is with much pleasure we have received the *Nurses' Journal,* the organ of the Royal British Nurses' Association.

We are immediately interested in the Nurses' Settlement which the members of the Royal British Nurses' Association are planning, and would like to know

more about it. It is, evidently, not what we call a Nurses' Settlement on this side, where this name is applied to the coöperative living of a group of nurses who wish to combine a participation in the social life of a neighborhood with district nursing or with independent pursuits, but rather seems to be a plan for club life, without the restrictions of a "home." As the *Journal* says: "In the Nurses' Settlement every care will be taken to procure complete liberty for the residents; each lady will have her own furniture, books, and plants; her own friends, her own opinions, and her own latch-key, probably her own cat. The aim is to provide a pleasant environment, remove all landlord difficulties, and enable the nurse members of the association to live, each as pleases her best, in the independence of thought and action for which the whole tenor of their lives has predisposed them.

"It is desired to build quarters for twenty nurses, in which they may live as independently as in lodgings, but with all the comforts of home life. Each inmate will be required to have a small income of her own, as no board will be provided."

We are also glad to receive the Danish *Nursing Journal,* the last number of which contains the annual report of the Danish Nurses' Association. We hope soon to have an abstract made of this report.

The *Nursing Record* has devoted considerable space in several numbers, ending with that of June 15, to an exhaustive review of a thesis by Anna Emilie Hamilton, M.D., a French woman, entitled "Considerations sur les Infirmières des Hôpiteaux." The review has been most interesting, and this full and serious thesis, being indeed a monograph upon the nursing of Continental hospitals, must be of extreme value, and though written by a medical woman, and so not strictly included among books written by nurses, we shall hope to obtain a copy of it to present in our exhibit of books and papers at the Congress.

We quote the concluding remarks of the *Nursing Record:*

"The conclusion forced upon us from studying this most interesting thesis is that nursing in French hospitals is far behind that in many other European countries, notably Great Britain, Germany, Holland, and Sweden. There is also reason to fear that it will be some time before the standard of nursing in France attains to the level of these more progressive countries, inasmuch as the question closely involves that of religion and religious orders. It is only necessary to visit Holland and Belgium to see that the nursing of hospitals in the hands of religious orders, as is the case in Belgium, is immeasurably inferior to the standard in Holland, where lay nurses are employed. The position in France is much the same as that in Belgium, and it is probable that in both these countries we shall have the sad spectacle of the good done by scientific medicine minimized or spoilt in hospital treatment until the scientific aspect of nursing is recognized. We look forward with much pleasure to hearing the report which Dr. Hamilton is preparing on the present condition of nursing in France for presentation to the International Council of Nurses at Buffalo in September."

The interest of this report and of the comments of the *Nursing Record* is heightened by the fact, just come to the knowledge of THE AMERICAN JOURNAL OF NURSING, that the new director of the "Assistance Publique" of Paris is having a report prepared on hospital nurses in the United States, England, and Germany, towards the preparation of which report material is now being obtained descriptive of the systems of nursing in these countries

LETTERS

MISS TURNER, a graduate of Bellevue Hospital, writes from Las Animas Hospital, Cuba:

"This hospital is designed for all contagious diseases, but we get more yellow-fever than anything else. During 1900 we had about two hundred and seventy cases, and two-thirds of them were Americans. A great many Spaniards have yellow-fever, but most of them are treated in the Cuban hospital.

"You people of the North think yellow-fever is much worse than it really is. A bad case cannot, it is true, be much exaggerated, but there are many light cases, and there are other diseases having a higher death-rate, the worst of which is tuberculosis; never advise any one with phthisis to go to Cuba, for they would not live long. October and November were our worst months. We then had a large number of cases, and the disease seemed to be of a more malignant type.

"The ward work is very hard and trying. Each ward contains several small rooms, and yellow-fever patients must be constantly classified and the milder cases kept separated from the more severe ones. Before death they are nearly always delirious, and we give them single rooms, have boards at the side of the bed, and a man constantly sitting beside them. Each case is like a case on private duty, and the treatment cold water, very little medication being used. Every patient has a cleansing bath each morning and clean linen. For a week, more or less, no milk or nourishment of any sort is given, as the stomach usually will retain nothing. Then we begin with half an ounce or an ounce once in three hours. If that is retained we increase gradually. Beef tea is given in case there is no albumen in the urine. We also give them ice-cream, and when they begin to eat they are fed about like typhoids. Every patient must take plenty of water in order to keep the kidneys well flushed. They can have plain ice-water, limeade, Vichy, Apollinaris, almost any mineral water, and ginger ale, the idea being to get them to take as much fluid as possible. When they come in they have a large dose of castor-oil or calomel and jalap, and afterwards an enema daily until the worst of the disease is over.

"During the early stages, when there is much pain, we frequently give five grains of phenacetine; then they have ice-caps to the head, hot-water bags wherever they are wanted, mustard pastes over the epigastrium for nausea, and ice-sponges or ice-water enemata whenever the temperature reaches 103°. If the urine is deficient, saline solutions are given per rectum, six ounces every four hours.

"The charting work is enormous, as the most minute thing is recorded. Every ounce of water given must be put down, with the time. Urine is measured and recorded, and a specimen saved daily until convalescence is established. It is examined in the ward, that no mistake may be made, and tubes are labelled, corked, and saved for comparison. Night records are kept in red ink up to seven A.M. All excreta from patients is carried to a crematory and nothing emptied into the plumbing.

"The hospital is under the control of the Sanitary Department, of which Major Gorgas is the head. We think he is the best man alive. Last year he personally looked after every detail, and we were happy, no matter how hard

the work. He was never too busy to attend to the smallest detail or to try and right everybody's wrongs, and is the most unselfish humanitarian.

"Just now all the yellow-fever experts are wild over the mosquito and expect to carry on their experiments here. None of the Culex mosquitoes are found here, so they are imported for experimental work. Our wards are all most carefully screened, as the doctors believe that the disease is propagated by the mosquito.

"We nurses do not fear the disease at all, and believe the risk is no greater than in nursing typhoid. Eight out of our twelve nurses were non-immunes, and most of our help, yet no one contracted it. Every nurse who has the opportunity should do some yellow-fever work, as it is most interesting. A nurse who has had experience can easily diagnose a well-marked case anywhere. The odor alone is diagnostic, though some doctors say they do not notice it."

A WEST INDIAN HOSPITAL

THE notes following are taken from a letter from Miss Louise Greenwood, of Buffalo:

"In the beautiful little island of Barbadoes, the most eastward of the Windward group, there is one of the oldest and largest of West Indian hospitals. It was named for the late Queen Victoria, and was built about sixty years ago, when she was just beginning her reign. It stands overlooking the sea, on Hastings Road, in the outskirts of Bridgetown, the capital of the island.

"Barbadoes belongs to England and was settled by the English in 1605. It is the head-quarters of the British army and navy in the West Indies, and some regiments of redcoats are always to be seen in the town, with a naval vessel or two in the harbor. The Victoria Hospital is a large stone structure, surrounded by a high stone wall, which gives it an appearance of dignity fully borne out by the old colored porter at the door, dressed in red and blue uniform. The visitor is treated with much courtesy and conducted to the resident physician, who shows one over the hospital.

"The two hundred and thirty-six beds are invariably filled, a majority of the patients being colored. There is a training-school for colored women nurses, superintended by a nurse from one of the New York hospitals. The pupils are not taught to take temperatures or give hypodermic injections, and this naturally throws more work on the resident physicians.

"The junior resident was a graduate of one of the Philadelphia medical schools and had had post-graduate work in New York.

"Elephantiasis is a common disease among the colored people in hot climates, and a number of cases in the wards were so bad as to require amputation of both legs. One sees many patients on the streets with one or both feet and legs swollen to three times the natural size."

ST. LAZARUS'S DAY HELD AT THE LEPER HOSPITAL, MANILA

THOUSANDS of the friends and relatives of the lepers now confined in San Lazaro Hospital availed themselves of the opportunity to visit the patients on St. Lazarus's Day. This is the only day in the year when outsiders or the general Filipino public are admitted. The privilege is in commemoration of Lazarus, the Scriptural beggar, who is the patron saint of the hospital.

The hospital is situated on Calle Cervantes. So crowded was the road with the stream of natives that one was compelled to jostle his way through. On entering the outer gate the usual crowd of halt and maimed were found begging, imploring the passer-by in heart-melting tones to spare them a penny, for God's sake.

Inside the visitors were compelled to keep moving continuously in order to prevent a blockade in the halls, so numerous was the crowd. The cots of the patients were littered with cigars, cakes, sweetmeats, and coppers, contributions from the visitors who took pity upon the sufferers. Some of the patients seemed to be comparatively happy, while others had a look of settled melancholy upon their faces. One man who had been brought in from the provinces a week or two ago, and had not seen his wife or little child since, went into a transport on meeting them again. He hugged the little one to his breast repeatedly until seen by Dr. Sanderson, who is in charge. The doctor ordered him to lay the child down, explaining the danger of infection.

There are in all about eighty leprous patients in the hospital. Dr. Sanderson's plan is to keep their minds occupied as much as possible, and to introduce variety, both in diet and manner of living, as he believes that the monotony of a fish and rice diet and á general stagnation of existence are largely accountable for the generation or propagation of the disease. Partly to avoid this each patient is supposed to do two or three hours' work each day. The doctor expects to be able to promote his plan more fully and more perfectly in the leper island which is to be occupied before long.

Dr. Sanderson has signified his willingness to take charge of the government's leper colony when the time is ripe. It is his intention to introduce his class system there, and by every means to promote the welfare of the lepers. The doctor is optimistic regarding the work. He goes into it solely from a conviction that the leper colony presents a field wherein a man may do good and help his fellow-men.

It may be wondered at that the authorities permitted the meeting of the lepers and their relatives yesterday, but after discussion it was decided that at this season it might be inadvisable to go counter to the time-honored custom of the people. Only those who have violated the " costumbre" can realize the power which this fetich holds over the Filipino people.

EDITOR'S MISCELLANY

CHICAGO HOSPITAL SCHOOL

A MOVEMENT of much interest to educators and physicians is the founding of a new school in Chicago, known as the Chicago Hospital School. The school is designed to meet the needs of slightly defective children and those prevented by physical ailments—nervousness, sickness, slight defects of hearing, speech, etc. —from studying with ordinary children. Such a school is greatly needed, as there has never been sufficient provision for the education of this class of children.

One department in particular of the work undertaken by the school is expected to be of great scientific value. That is, the experimental study of the psychology of abnormal and sub-normal minds. This work is carried on under the supervision of the University of Chicago, and the medical work under Rush Medical College, with which the school is affiliated. A very thorough system of tests, measurements, and examinations is followed, and daily records are kept by each teacher and nurse of the progress of each case brought into the school. Many prominent physicians think that these studies will add much to the knowledge of the proper treatment of such children and to psychiatry of abnormal psychology. No such thorough study along these lines is being carried on elsewhere, and the University of Chicago is the first university to recognize the value of having such a school associated with it and working in connection with its departments of psychology and pedagogy.

The physicians and teachers interested expect to see the school grow rapidly, as there is a large field for its work. Among the features added is a training-school for nurses and teachers for this particular class of children.

[We hope that this training-school for nurses is in the nature of a post-graduate course for regularly trained graduates of a general hospital, as it would be a grave mistake to "train" nurses in such a specialty alone; it should be added to a previous general training.—ED.]

The founder and head of the school is Miss Mary Campbell, a former student at the university. The chief of the school's medical staff is Dr. Nicholas Senn, of Chicago.—*Charities of July 6.*

THE English Committee of the Distress Fund for South African Women and Children has published the report made to it by Miss Emily Hobhouse, who went to Africa for the purpose of examining the camps of women and children there.

It may not be generally known that for some time past a form of the same horrible system which became notorious in this country during the Spanish-American War as the "reconcentration" practised by Weyler in Cuba has been established under military supervision in South Africa; namely, that the women and children taken from their homes are concentrated in huge camps, where they necessarily undergo every form of suffering.

It was generally supposed that only a monster like Weyler, who was seldom called anything but "butcher" in American papers, could perpetrate such a system. What must we think when we hear of the same cruelties in South Africa, with no voice raised in protest save of a few isolated civilians?

The extracts from Miss Hobhouse's report, as given in the *Nursing Record*, fill one with horror and aversion.

But something more than the "system" is to be blamed. Behind every system are persons, and those persons are responsible. Back of it all stands the responsibility of the mother and the educator. When will all mothers teach their boys tenderness for the weak and suffering? When will women as a whole cease adoring brute force and learn to love a nobler ideal?

How ridiculous to persist in the delusion that war can ennoble the character, and that the "soldiers of civilization" do not war upon women and children. We counsel all who still cling to the romantic ideals of the Middle Ages to send for Miss Hobhouse's report and read it carefully.

Several inquiries having been made regarding the work of "The Consumers' League," we are asked to say that the national secretary, Mrs. Florence Kelley, Charities Building, 105 East Twenty-second Street, New York City, will at any time send information, leaflets, reports, or will answer questions addressed to her.

In a former issue a correspondent drew attention to the widening circle of the nurse's work and the demands made upon her to take up related but not strictly professional interests. Mrs. Henry Gold Danforth, in her recent talk to the Rochester City Hospital graduates, voiced the same idea. In speaking of what she calls "Nursing Citizenship" she says:

"Our citizenship is our relation to the world of men and things around us, our value as members of the community, and in doing community work not our immediate individual task. At first sight, perhaps, it may seem as though of all professions that of nursing were most, by its nature, excluded from outside affairs. In its beginnings it may have been so, though even if the influence of the village neighbor who had the knack for nursing were studied, perhaps it would be found to have gone far beyond the four walls that saw its exercise; but with the change of methods, with the new knowledge of the nature, means of propagation, and means of prevention of disease, and its proper care, every nurse who goes out from a training-school becomes an educator in these matters for just those portions of the public who do not read medical journals and who skip the contemporary reviews. More and more on every side trained service is being called for in public stations where such a thing was unthought of but a little while ago, and this demand will increase in proportion as the women who are called on to meet it prove by their personal adaptation and worth the value of intelligent skill."

Recognizing the new importance which mosquitoes have recently assumed in the eyes of scientists and sanitarians, and that the general public is fast coming to recognize the fact that these insects, formerly regarded as mere excuses for displays of more or less irritable humor, are now viewed as dangerous enemies, the Division of Entomology of the Department of Agriculture has issued a monograph which will be of much assistance in the campaign now beginning against the little creatures in many places. The use of screens over windows and beds is advised as the best means of protection against mosquitoes and the diseases of which they are the carriers, but more energetic measures, tending towards the extermination of the tribe, at least in restricted areas, are earnestly

recommended. The burning of cones, made of moistened pyrethrum powder, gives great relief from the attacks of mosquitoes in a room, but it does not kill the insects, and is only a palliative. Mosquitoes found on the ceiling of a bedroom may be killed easily and quickly, it is said, by placing under them a shallow tin vessel nailed to the end of a stick and moistened on the inside with kerosene. But the most satisfactory means of fighting mosquitoes is to destroy their larvæ or abolish their breeding-places by draining ponds and marshes, by stocking pools with fish, and by the use of kerosene on the surface of the water. Approximately, an ounce of the oil to every fifteen square feet of surface is sufficient, and generally the application need be made only once a month. The departmental scientist doubts, however, that this treatment can be effectually applied to salt marshes of large extent. He notes, however, that there need be no hesitation in covering with oil the surface of water used for drinking, so long as the supply is drawn from the bottom of the tank or pond, and a considerable amount of water is always left behind. The only way to free a district of mosquitoes is by concerted action by everybody living in it. For one man to attack the insects on his own land does little good if his neighbors permit the supply to be kept up.

Miss Florence D. Fuller, 110 St. Felix Street, Brooklyn, writes to us concerning the too Bohemian existence of many nurses, and is desirous of starting a club-house for nurses in Brooklyn. Her idea is excellent, and no doubt she will be interested in the mention of the Nurses' Settlement in the foreign news. We are disposed to think that nurses are working out this matter of comfortable and civilized living pretty well for themselves, and that, in fact, no one can do it but themselves. We see a vast difference in the last seventeen years between the forlorn and even squalid "hall room" occupied by the private-duty nurse, where she washed her handkerchiefs in one corner and boiled chocolate in another, and the charming flats of to-day, where four or six nurses have their cosey little home, or the club-houses of New York, Baltimore, and Chicago, with comfortable rooms and a well-kept table.

The one complete failure of a club-house that we know of was one where the management was attempted by a board of philanthropic ladies, with the result that the nurses lost all the money they had invested, and have apparently no prospect of ever being recouped:

"It's so easy to fall into that rather Bohemian existence which does not tend towards the building of character or towards the gracious repose of manner so essential to the success of a nurse. I have noticed more than one ambitious girl, starting out with high ideals and hopes of attainment, drop to the level of mediocrity. I have interpreted this as the result of not having the stimulant of cultivated home life. Freed from long hours of arduous confinement, often accompanied by great anxiety, a restlessness ensues, making every approaching footstep a possible call to again start forth and accommodate herself to the ways of strangers. To help overcome this, she travels about somewhat independently, acquiring a manner not always acceptable in the sick-room, and thereby lessening her chances of professional success.

"It is right to seek diversion. The constant demand upon mental and physical resources makes it imperative she should devote the hours of relaxation to such recreation as will repair her depletion of mind and body. But how shall she cultivate the gracious feminine qualities which she sometimes shows danger of losing through contact with the stern realities of her professional duties when

her home life gives little more than the necessities of meagre existence? She is unable to make for herself the kind of home she ought to have,—not because she is not capable, but because she must be free. Why may we not band together and have a residential club-house, and employ a competent head to manage it for us?

"I hope some friendly voice will be raised at the coming Congress which will incite more interest in developing the home life for nurses."

In answer to our inquiry Dr. Flexner, formerly of the Johns Hopkins Hospital and now at the University of Pennsylvania, writes us as follows:

"Much interest has been aroused within the past few weeks on account of the establishment by Mr. John D. Rockefeller, of New York, of an Institute for Medical Research, which is to bear his name. The endowment of the institute is for the present placed at two hundred thousand dollars, this sum to be expended, not for buildings or equipment, but for the support of research in medicine. The plan adopted is to utilize several laboratories already established in connection with a number of the leading medical schools for the conduct of the investigations. The institutions which have received grants from this fund include Columbia, John Hopkins, University of Pennsylvania, University of Michigan, and McGill University. Hitherto there has been a deficiency of productivity in the American laboratories designed for carrying on research in medical science chiefly on account of the limitation of funds with which they have had to contend. In this country, where the support of educational institutions is left to private inclination and benefaction, great difficulties have been encountered in providing adequately out of the slender means placed at their disposal.

"Hence it is that the European laboratories, maintained through national or municipal support, have contributed much more largely to the promotion of medical science. It is therefore a matter of congratulation that so large a gift is available for immediate use in promoting American research in medicine, and the future has been rendered more hopeful by the possibility of the eventual establishment by Mr. Rockefeller of an institute to rank with the Pasteur Institute, of Paris, and the Koch Institute, of Berlin, to be devoted exclusively to the extension of knowledge in scientific medicine."

A LETTER ON TEACHERS' COURSE

Dear Editor: To those who contemplate taking the course in hospital economics at Teachers' College a word from one who has recently completed the course may be of interest.

The name "Hospital Economics" is in a measure misleading. One naturally infers that the instruction given is especially intended to fit nurses for the position of hospital superintendent, while in reality the object seems to be to teach superintendents of training-schools for nurses how to teach; to give a more thorough knowledge of those branches which are only superficially taught in training-schools; to broaden the mind and to give a deeper interest and keener appreciation of what is going on outside the little world in which the life of a nurse is necessarily spent.

To the writer the classes in physiology, methods of teaching, and bacteriology are worth her work, but at the beginning of the year so much time

was given to the courses in domestic science and psychology that seemed to have no direct bearing upon our professional work that it was to a certain extent disappointing.

While the course in domestic science is very fine, nurses who wish to fit themselves for diet-school teaching would save time and money by taking a course in a regular cooking-school.

The lectures on hospital management and the visits to the different hospitals in New York were most interesting. In no other city in the country can there be seen such a number of hospitals with an equipment representing every degree of economy and wealth, and while executive ability and business qualifications cannot be taught theoretically, this department of the course is of especial value to the woman who hopes to become a hospital superintendent.

It may save much disappointment if it is understood that this is not as yet a special course; the nurses become members of the regular classes, composed principally of women who are preparing to teach and of teachers who are taking special courses.

To the woman who has been engaged in practical nursing for a number of years this seems at first rather formidable, but any nurse of good general education who is fairly well read soon acquires the "study habit," and will be able to compete favorably with the other members of the class. Those branches which have direct bearing on her professional work are taken by her with greater ease than by the average woman.

There are many changes and improvements necessary before the course will be entirely satisfactory. The teaching of nurses is so different from the ordinary teaching of school-children that until the course can be made a special one it will necessarily cause some disappointment, but in order to make this special course a recognized department of Teachers' College a sum of money must be raised.

It would seem somewhat unjust that this course should depend on the Superintendents' Society alone for its support. It properly belongs to the nursing profession at large to give it such financial support as shall secure to the training-schools of the future superintendents who are thoroughly qualified to teach and administer.

Is it too much to ask that the thirty thousand nurses in the United States should endow the chair in hospital economics at Teachers' College, the actual cost to each being only $1.66\frac{2}{3}$?

IDA R. PALMER,
Graduate Newport Hospital, 1891.

Miss Palmer's letter should be read in connection with the appeal for the Teachers' College Course in the Education Department. Her suggestion is a good one, and should interest many nurses, though we doubt much that thirty thousand will ever respond to it, or, indeed, to any one thing.

One might say that the distinction she draws in her comment on the name "Hospital Economics" is in reality not much of a difference, and many educators would not agree to her assumption of the comparative uselessness of psychology, the study of which should lay the basis of all successful teaching methods by giving insight into the minds and personalities of others. This sympathetic insight is distinctly not cultivated by the somewhat military routine and disciplinarianism so necessary in much of our work. Perhaps it could be gained in some other way, and much of psychology does sound queer, not to say weird.

CHANGES IN THE ARMY NURSE CORPS

CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING JULY 6, 1901

BARKLEY, MARY, formerly on duty at the General Hospital, Presidio, San Francisco, California, discharged.

Boyson, Alice M., transferred from the General Hospital, Presidio, San Francisco, California, to the General Hospital, Fort Bayard, New Mexico.

Bartholomew, Annie M., transferred from the Second Reserve Hospital, Manila, to duty at the Military Hospital, Dagupan, Philippine Islands.

Church, Emma, formerly on duty at the Santa Mesa Hospital, Manila, discharged.

Cowan, Dr. Isabel Eliot, formerly chief nurse at the General Hospital, Presidio, San Francisco, resigned July 1.

Duckworth, Lottie B., recently temporarily serving at the General Hospital, Presidio, San Francisco, discharged.

Dunn, Margaret S., formerly on duty at the General Hospital, Fort Bayard, New Mexico, discharged.

Earhart, Cecelia, arrived in San Francisco June 27 from Manila. After two-weeks' temporary duty at the General Hospital, Presidio, to be discharged.

Eliner, May C., recently on temporary duty at the General Hospital, Presidio, San Francisco, discharged.

Erickson, Theresa, formerly on duty at Santa Mesa, Manila, arrived in San Francisco June 26 to report for discharge.

Fenwick, Hattie, recently temporarily serving at the General Hospital, Presidio, San Francisco, discharged.

Friton, Emily, relieved from duty at the Post Hospital, United States Legation Guard, Peking, China, May 23 and transferred to the Second Reserve Hospital, Manila, Philippine Islands.

Gertsch, Bertha M., transferred from the First Reserve to the Second Reserve Hospital, Manila, Philippine Islands.

Gillen, Mrs. Ella M., formerly on duty at Columbia Barracks, Quemados, Cuba, discharged at her own request to accept an appointment in the government service in Washington.

Gottschalk, Helene M., formerly on duty at the First Reserve Hospital, Manila, arrived in San Francisco June 9 and has reported for discharge.

Hasson, Esther V., formerly on duty at the Second Reserve Hospital, Manila, Philippine Islands, arrived in San Francisco June 27. After three-weeks' temporary duty at the General Hospital, Presidio, will report for discharge.

Hine, M. Estelle, recently arrived in Manila and was assigned to duty at the Convalescent Hospital, Corregidor Island, Philippine Islands.

Howard, Carrie L., transferred from the General Hospital, Presidio, San Francisco, California, to duty at the Post Hospital, Fort Sam Houston, San Antonio, Texas.

Kell, Elizabeth, transferred from the General Hospital, Fort Bayard, New Mexico, to the Post Hospital, Fort Sam Houston, Texas.

Kemmer, Alice S., relieved from duty at the Post Hospital, United States Legation Guard, Peking, China, May 23 and ordered to the Santa Mesa Hospital, Manila.

Killiam, Lena E., relieved from duty at the Post Hospital, United States Legation Guard, Peking, China, May 23 and ordered to the First Reserve Hospital, Manila.

King, Ella B., transferred from the Santa Mesa Hospital, Manila, to the Military Hospital, Dagupan, Philippine Islands.

Larsen, Jennie E., formerly on duty at Convalescent Hospital, Corregidor Island, Philippine Islands, arrived in San Francisco June 25 and assigned to temporary duty prior to her discharge.

Lasswell, Ida H., relieved from duty at the Post Hospital, United States Legation Guard, Peking, China, May 23 and assigned to duty at the First Reserve Hospital, Manila.

Lewis, Winifred, formerly on duty at Columbia Barracks, Quemados, Cuba, discharged.

Lyons, Mary V., formerly on duty at the General Hospital, Presidio, San Francisco, California, discharged.

McCord, Harriet L., formerly on duty at the Military Hospital, Nagasaki, Japan, arrived in San Francisco June 26 to report for discharge.

McCurdy, Frances V., formerly on duty at Second Reserve Hospital, Manila, Philippine Islands, discharged. She is suffering from chronic articular rheumatism.

McGee, Anna M., formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

McRae, Henrietta, relieved from duty at the Post Hospital, United States Legation Guard, Peking, China, May 23 and assigned to duty at the First Reserve Hospital, Manila.

Meech, Marietta L., from temporary duty at the General Hospital, Presidio, San Francisco, assigned to permanent duty there.

Moshier, Maud, formerly on duty at the First Reserve Hospital, Manila, arrived in San Francisco June 9 and has reported for discharge.

Page, Lottie M., formerly on duty at the Second Reserve Hospital, Manila, discharged. Married in the Philippines.

Rector, Josephine, serving temporarily at the General Hospital, Presidio, San Francisco, under orders to return to the Philippines.

Reed, Augusta G., formerly on duty at the First Reserve Hospital, Manila, Philippine Islands, arrived in San Francisco June 26 to report for discharge.

Richmond, Edith L., recently arrived in Manila and assigned to duty at the Second Reserve Hospital.

Rourke, Louise R., transferred from the First Reserve Hospital, Manila, to Military Hospital, Vigan, Philippine Islands.

Salsbury, Elizabeth R., formerly on duty at the Santa Mesa Hospital, Manila, arrived in San Francisco June 26 to report for discharge.

Smith, Stella, recently arrived in Manila and assigned to the First Reserve Hospital.

Spear, Eliza B., transferred from temporary duty to permanent duty at the General Hospital, Presidio, San Francisco.

Sweet, Agnes, transferred from temporary to permanent duty at the General Hospital, Presidio, San Francisco, California.

Talcott, Mary B., transferred from temporary duty at the General Hospital, Presidio, San Francisco, to duty in the Philippines.

Thacher, Clara, on duty at the General Hospital, Presidio, San Francisco, under orders for duty in the Philippines.

Tweed, Rose A., formerly on duty at the First Reserve Hospital, Manila, transferred to duty as chief nurse at the General Hospital, Presidio, San Francisco, July 1.

Underwood, Eleanor, transferred from duty at the Convalescent Hospital, Corregidor Island, Philippine Islands, to the General Hospital, Presidio, San Francisco.

Weir, Mary Jane, on duty at the General Hospital, Presidio, San Francisco, California, under orders for duty in the Philippines.

White, Ellen L., formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Wills, Edith M., transferred from the First Reserve Hospital to the Second Reserve, Manila, Philippine Islands.

Winslow, Minnie A., formerly on duty at the General Hospital, Presidio, San Francisco, California, discharged.

Wiedmann, Barbara, transferred from the First Reserve Hospital, Manila, to the Military Hospital, Vigan, Philippine Islands.

Young, Agnes G., relieved from duty at the Post Hospital, United States Legation Guard, Peking, China, and ordered to duty at the Santa Mesa Hospital, Manila, Philippine Islands.

Zink, Josephine, recently arrived in Manila and assigned to duty at the Santa Mesa Hospital.

THE CURRICULUM OF HOSPITAL-CORPS MEN

HOSPITAL CORPS COMPANY OF INSTRUCTION, DIVISION OF THE PHILIPPINES, MANILA, 1900-01

Hour.	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
A.M.						
6.05— 6.30	Drill.	Drill.	Drill.	Drill.	Drill.	
9.05—10.00	Signal Drill.	Bandaging. (Van Sickle.)	Field work.	Splinting. (Keeney.)	Signal Drill.	
10.00—11.00	Hygiene. (Lyster.)	Anatomy and Physiology. (Brooks.)	First Aid. (Millhoff.)	Regulations and Discipline. (Hartford.)	Nursing. (Kulp.)	Inspection.
11.00—12.00	Clinical Surgery. (Saleeby.)				Clinical Surgery. (Saleeby.)	
P.M.						
2.00— 3.00	Study Hour.	Study Hour.	Study Hour.	Study Hour.	Study Hour.	
3.00— 4.00	Clerical work. (Armstrong.)	Litter Drill.	Minor Surgery. (Poey.)	Pharmacy. (Saleeby.)	Litter Drill.	

While receiving practical instruction in Wards men will attend all lectures.
While receiving practical instruction in Cooking men will attend afternoon lectures.
While receiving practical instruction in Diet-Cooking men will attend all lectures.

THE EDITOR

EVERY woman who has had the experience of assuming the duties of the superintendent of a hospital will, I think, bear me out in the statement that the most difficult problem she has had to confront in the beginning has been that of the buying of hospital supplies.

One of her most sacred duties is the spending of money which has been contributed by individuals, in larger or smaller amounts, for the support of the hospital, yet nothing in her previous training or in her experience as a private nurse has in any way prepared her for this responsibility, which meets her almost upon her entrance to the hospital and never leaves her while she holds the position.

In the matter of ordinary household groceries there is little to be said, as the local markets must necessarily be depended upon, and more than to suggest that all non-perishable supplies should be purchased in wholesale quantities and from a wholesale dealer, we pass on to hospital furnishings and medical and surgical supplies and instruments.

All manufacturers of hospital furniture in enamelled iron and glass ware will sell direct to institutions even in small quantities, and the discount which these firms make to charitable institutions makes buying direct cheaper, even after freight is paid.

The illustrated catalogues which are issued by such manufacturers make a selection easy, and samples will always be sent on approval before the final order is given.

This same principle holds good in the purchase of absorbent cotton, gauze, gauze bandages, catheters, rubber and glass, urinals, bedpans, etc., and all the smaller glass instruments, such as douche and irrigating tips, syringes of different kinds, and the quantities of small instruments and apparatus which must be constantly kept in stock, and which can be bought to vastly greater advantage in quantities. In the purchasing of drugs and surgical instruments,—and by drugs we include everything that is kept in the hospital pharmacy,—more money can be saved to the hospital by judicious buying than in any other department. All hospitals are entitled to exemption from the government tax of two dollars per gallon on alcohol. Any distilling-house will supply the blanks and information necessary to obtain this discount, and while the "red tape" at the outset is somewhat formidable, the actual money saved in the price of a barrel of alcohol more than compensates for the trouble.

Tablets of all kinds can be ordered from wholesale houses at a much better price than can be obtained in small quantities from a local dealer.

Where prescriptions, tinctures, etc., are prepared in the hospital pharmacy there is a long list of stock preparations which may be bought in quantity and under proper conditions will keep indefinitely.

When a mixed order amounting to several hundred dollars is to be placed, we have found it a satisfactory method to ask for bids on the order from three or four equally reliable manufacturing druggists in different cities.

In the matter of gauze and cotton there is perhaps a greater competition in price and quality than in any other two articles used in the hospital. The large dealers in all such staple supplies send their agents at regular intervals to the hospitals, and it is one of the superintendent's important duties to interview these men, see their goods, compare their prices, and to be able to discriminate in regard to the quality of all these different lines of supplies. Hundreds of dollars may be saved by careful attention to the manner of purchasing, and it is a vastly better business principle to save this money by careful management than to buy recklessly of local dealers and then be obliged to beg the money from private citizens to make up for the extravagance.

It has been our endeavor since THE AMERICAN JOURNAL OF NURSING came into existence to make its advertising pages helpful to the inexperienced superintendent. We have permitted only such firms as we have known personally or have had reason to believe were reliable to use our advertising pages, and while our list is still far from complete, we shall continue to follow this policy.

Every superintendent should investigate carefully for herself the standing and character of the firms with which she proposes to have dealings. She should have a clear understanding in regard to terms of payment. Every order should be given in writing and a copy retained for reference.

After some years of experience she becomes familiar with the most reliable houses, she knows personally their representatives, she gives her orders with confidence, and the once vexed question of hospital purchasing comes down to a matter of routine. Many a good nurse may fail as a hospital superintendent because of her lack of a few simple business principles in the beginning, and while she is gaining this experience the hospital becomes badly in debt. We think the women who have worked out the buying problem should give freely of their knowledge to the younger generation, and our pages are always open for suggestions on these lines.

S. F. P.

THE Editor-in-Chief writes that she is having a refreshing vacation, and will resume her full work on the magazine with the September issue. Miss Palmer's address is No. 476 West Avenue, Rochester.

The September number of THE AMERICAN JOURNAL OF NURSING will be a Congress number. It is proposed to give biographies of our foreign delegates, with their photographs, and short biographies of our home delegates with a few typical photographs, and short historical sketches of the different associations represented at the Congress. It is believed that this collection of reports will be of much value in the future as reference matter besides being of interest now, as it will show the entire growth and development of our organizations and will present between two covers information which is now scattered all over the country and can be procured only with much difficulty.

The reports which are coming in are very satisfactory, and we urge all secretaries to realize the importance of making this little piece of current history as full and complete as possible. The September number will appear later than usual.

WE hear that two State associations are in process of formation, Virginia and Illinois.

Their proceedings are probably not sufficiently advanced to permit reports for the magazine. We wish them all success, and hope for full accounts later.

THE commencement season just past has brought word to the Editor of many nurses started on their careers with words of encouragement and approbation from their teachers and lecturers.

Some curious inconsistencies and contradictions have come to notice in the accounts of these functions.

THE AMERICAN JOURNAL OF NURSING thinks it not untimely to draw attention to the contrast between the exercises held, let us say, at the Cleveland Lakeside Hospital Commencement and those of the Philadelphia Nurse Supply, "Short Course in Nursing"—or not so much the exercises themselves as what they signify. In the former, a three-years' course, carefully graded, with practical and theoretical work harmoniously combined, and a full variety of every kind of nursing service provided for the instruction of the pupil. So much care and pains are taken, that pupils are even sent to New York for the study of obstetrics. The doctors in this hospital fully coöperate in the teaching of the pupil according to the highest standard (we are taking this hospital, let us repeat, only as a type), and no doubt will always warmly support the ideal of a broad and full general training of three years,—not too long a time for the fixing of orderly habit, accuracy, and the development of character.

In the latter, a ten-weeks' course; no practical work, unless the pupils choose at their own option to "visit and nurse the poor" (oh, long-suffering poor!); only a course of lectures, for which the pupil pays twenty-five dollars fee; no training in orderliness, system, carefulness in household matters; the pupils live where and how they please. This course, little, if anything, more than a set of lectures on emergencies and first aid, had this spring fifteen graduates.

The strange part of the contrast comes in here, that also on this platform stand members of the medical profession (presumably in good standing) upholding this quack—this bogus—method of teaching nurses (or rather of deceiving pupils and public), and lauding the graduates and holding out to them rosy promises of the success they will be enabled to achieve.

One is not surprised to find on the list of members of this corporation a number of clergy and philanthropists. They are not expected to have the technical knowledge which would enable them to discriminate, and they may fairly be excused on the ground of ignorance of what nursing ought to be; but our chiefs ought to know by this time, and it is hard to explain the fact, that the sham training-schools and the training-schools run for financial profit in private sanitariums are all managed by doctors. We must wonder why they do not extend to us those ethics which they practise with one another, and which they impress upon us we must practise with them. We must wonder too if they do not all remember their own early history and struggles against bogus colleges of medicine. We believe that many are unconscious of what they are really doing, and would be responsive to appeals to their better selves. It is certain that, as the result of the representations of one courageous and public-spirited nurse of Philadelphia, several such men withdrew from their connection with the "Nurse Supply" and disclaimed any wish to injure or offend the nursing profession. We believe that the method of expostulation and reasoning would be finally effectual with all, and that nurses themselves are to blame if they allow such abuses to continue.

We fully believe that none of our chiefs will refuse to be moved by the protestations of *united* nurses if these be made in a fair and dignified spirit, and the close union of all our forces, with steady support of our highest educational standards, and open and direct criticism and protest against quackery in nursing, will finally result in removing all medical men from the staffs of such institutions.

Some nurses also need this education, or how could one be found willing to give this so-called demonstrative teaching in nursing? And, finally, the next work of our Associated Alumnæ should be the classification of desirable schools of nursing for the guidance and help of the uninformed applicant.

THE Congress Committee has received an official notification from the Surgeon-General's Office that orders would be requested at the proper time directing the assignment of a representative of the Army Nurse Corps as a delegate to the Congress.

Nurses all over the country will surely feel pleasure and gratification in this honor paid to their profession by the Surgeon-General. This, following the recognition of the nurse's work as an expert specialty in the appointment of a trained nurse as head of the Army Corps, should make each one feel an added zeal and determination to win the continued respect and confidence of the War Department, not only by her skill as a nurse, but also by her bearing as a woman.

QUITE a new departure has been followed this spring in the graduating exercises of one or two of our training-schools in the administration of a somewhat modified form of the Hippocratic oath to the graduates in nursing.

Some unfavorable criticism has been excited by this proceeding, yet we can hardly see why. The provisions of the oath, as given in "Training-School and Hospital Items," only call for the discretion and loyalty which every nurse promises in her contract with the school when she enters it, but which she too often forgets to practise continually in her daily life.

Perhaps it is true that making this pledge will not secure her continual remembrance of her duty and will only commit her to another broken promise, but certainly in the case of the medical profession a far greater degree of discretion, reticence, and silence as to the patients' affairs prevails generally than is the case among nurses.

Whether this is due to their oath or not cannot, of course, be asserted positively; it may be only that the nurses have less of general interest in their lives, or that the woman's tongue is a more unruly member.

In a certain large city there is a car-line on a street much inhabited by nurses, and travellers on this line are daily compelled, whether interested or not, to listen to all kinds of intimate personal details related by nurses going to and fro from "hours off" with private cases about their patients,—details often quite inadmissible, not only as regards professional treatment, but as regards personal peculiarities and failings of the family and friends.

If the taking of a Hippocratic oath could check this deplorable tendency, surely its provisions could not be too strong, or its threats of dire consequences too curse-like.



TEMPLE OF ETHNOLOGY, PAN-AMERICAN EXPOSITION

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THE PAN-AMERICAN EXPOSITION

To THOSE who are visiting the Pan-American Exposition for the first time, and who may not have had opportunity, under pressure of work, to study the allegorical significance of the architecture, color scheme, and sculptural decorations, we give a very literal translation of the story which they are supposed to convey, that the visitor's first view, like our own, may not be a disappointment because of ignorance of the symbolic design of the whole. First, a word as to the aim of the Exposition. This is to show the progress of man in the western hemisphere, especially during the nineteenth century. Included are the countries of Central and South America, Mexico, the United States, with her new possessions, the Philippine Islands and Cuba, and the Dominion of Canada. The exhibits show the commercial and industrial activities of these countries and the progress of the race in intelligence and civilization.

Upon entering the grounds one is impressed with the foreign aspect of the architecture, absolutely un-American in design. It becomes more interesting when we comprehend that the style of architecture of the oldest country represented, Spanish-American, has been copied and modernized, and in this the union of the old races with the new in the Western World is symbolized.

Next we are struck with the color effects, the boldness with which blues, greens, reds, and yellows are mixed together, seeming to defy all laws of harmony, yet beautiful. From each point of entrance to the grounds strong, crude colors predominate, the gradations of color becoming more subdued, more artistic and refined, as they approach the centre of architectural beauty, the "Electrical Tower."

All savage races have had a great love for brilliant colors massed together, and the decoration of the buildings represents, by the use of

color, the progress of man in the color sense, and, finally, the advancement of man in intelligence, refinement, and cultivation.

In the Electrical Tower, of which the dominant coloring is cream and gold, will be noticed a beautiful shade of green, which is used in decorating the recesses of the tower. This is called "the green of Niagara," and in greater or less degree is used in the decoration of every building in the Exposition, and with white and cream it promotes harmony in the entire group, and gives to the whole an artistic softness and beauty.

The idea of progress, civilization, and freedom of the race is again represented in the sculptural decorations. The buildings are covered with staff and are beautifully ornamented, every figure or bit of decoration having its place in the story. This is all the work of American artists, both men and women.

By far the most impressive design of the Exposition is the "Triumphal Causeway," the bridge which spans the stream of water connecting the two small lakes. This bridge, with its massive towers, surmounted by equestrian statuary, and decorated in every seam and angle with a beautiful design, tells the story of the struggle of the United States to free themselves from feudalism and the institutions of tyrannical power. The barbaric shields festooned from the cables connecting the tower represent a feudal age which has given way before the march of civilization and progress.

The ordinary observer may lose the deeper significance of the artist's design, but one need not be either an artist or a student of history or mythology to grasp the broader interpretation of the symbolic whole, once the key is given.



ELECTRIC TOWER, PAN-AMERICAN EXPOSITION



QUADRIGA, PAN-AMERICAN EXPOSITION



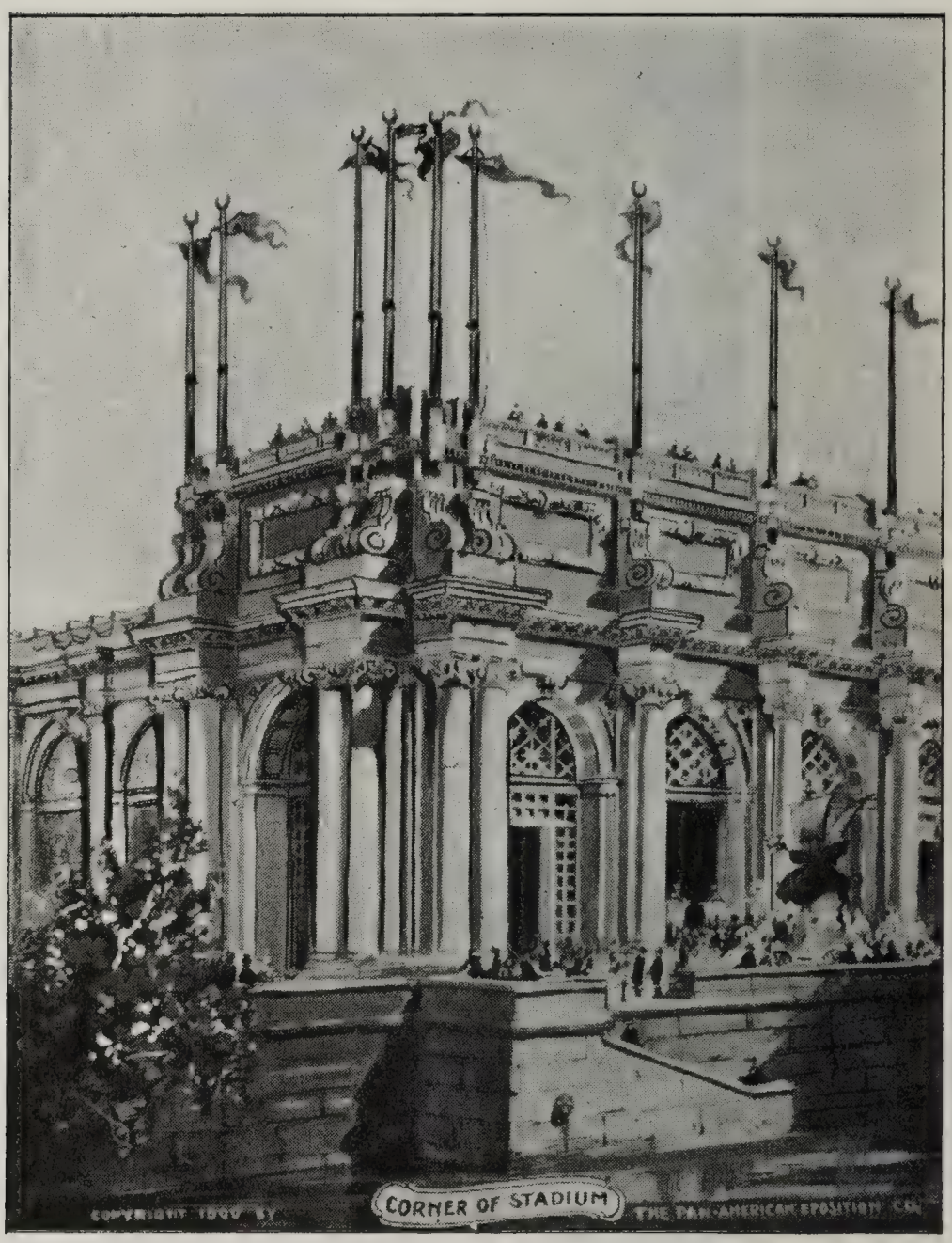
GODDESS OF LIGHT, PAN-AMERICAN EXPOSITION



TRIUMPHAL BRIDGE, PAN-AMERICAN EXPOSITION



MYSTERIOUS MAN, PAN-AMERICAN EXPOSITION



CORNER OF STADIUM, PAN-AMERICAN EXPOSITION



THE STADIUM, PAN-AMERICAN EXPOSITION



ETHEL GORDON FENWICK

President International Council of Nurses and Honorary President of Congress

FOREIGN DELEGATES AND ORGANIZATIONS

ETHEL GORDON FENWICK

President of the International Council of Nurses and Honorary President of the Congress of Nurses at Buffalo, 1901

A CHARACTER SKETCH BY AN INTIMATE

I HAVE heard Mrs. Bedford Fenwick say, "Human beings are far more interesting than all the stars." She has a habit of making pungent remarks which recur to one's memory—with the result, in this instance, that in sketching her career I shall touch intimately on its personal side.

Ethel Gordon Manson was born near Elgin, in Morayshire, Scotland, in the year of the great Mutiny, 1857. Her father was of Scandinavian descent, Manson being a corruption of the name of a Norwegian family credited with strange psychic powers. Her mother was a Palmer of Thurnscoe, a very ancient Yorkshire family, which quarters the fleurs-de-lis of France as direct descendants of the Lord Fauconberg known in history from his marriage with Mary Cromwell. "Fate played me an ill turn in that this self-same Mary died childless. Thus, in descending from the second wife, I cannot claim kinship with the Great Protector," says Mrs. Fenwick. And, indeed, in her contempt for "baubles" she would have been a child after his own heart.

Thus it will be seen that there are strains of Norse, English, and French blood in her veins, which have produced a character so complex and versatile that the lineation is extraordinarily difficult. The courage and idealism, as exemplified in the Scandinavian "Sagas," British grit and dogged tenacity of purpose, combined with extraordinary elasticity of spirit, unite to form a character as elusive as quicksilver, yet as sure as it is sane.

Ethel Manson lost her father before she was a year old, and her first memory is of the home-coming, in her third year, after her mother's marriage with Mr. George Storer, of Thornton Hall, to the beautiful old home in the Vale of Belvoir, where she grew up in an atmosphere of cultured simplicity and keen intellectual delight. Mr. Storer was Member of Parliament for the County of Nottingham for many years, and was a man of wide education and knowledge of affairs and great charm of character,—also till the day of his death he was a father in its truest sense to the trio of high-spirited step-children who "romped in" and took possession of his demesne.

It is good that childhood should be a gracious time, and in the old house at Thornton, with its old-fashioned panelled rooms, its lovely gardens, set in spacious, finely timbered meadowlands, Ethel Manson grew to womanhood free as air. Human beings were amusingly individual in those days, as Dickens has taught the English-speaking peoples, and an observer came in contact with all the heroic virtues and most of the vices to which human nature is prone in any average country village forty years ago. Courtesy to the aged, kindness to the poor, affectionate friendship with those in daily contact irrespective of worldly position, and a passionate reverence and love for animals which the town-bred can never know were the tenets of Thornton teaching. Indoors dogs and cats were the proud possessors of their own baskets and nooks and corners; beautiful birds were the mother's special care; horses, sporting dogs, and prize pigs were all personal friends on the home farm; the bitter springs made "cades" of fluffy-legged lambs, which were "mothered" and bottle-fed and flourished amazingly in their cunning little straw hutches, and all and sundry had pet and endearing names; indeed, a "dog language" which was as euphonious as it was eulogistic was reduced to phonetics, and was evidently instinctively intelligible to the animal world, if a dead letter to the less idealistic human outsider.

All over the southern side of the homestead japonica and jasmine, roses and cool green vines, climbed chimney high. The old-world shadowy gardens had in times past been planted by a master hand; here were found the feather-leaved acacia, which showered snowy blooms on velvet lawns; the tall, straight tulip-tree, with its hanging bells of red and gold; great, spreading, scented walnuts, flowering chestnuts, elms, and limes. All the sweet, old-fashioned flowers of a generation past were found in this garden,—pink mezereum, royal blue gentianella, moss-roses, lilies, and gorgeous poppies; trellised walks, emerald under foot, a canopy of brierly and hop overhead, carpets of aconite and snowdrops in winter, carpets of primrose and violet to herald in the spring. In the mossy orchards were honey-sweet blossoms and yet sweeter fruits, mulberry and quince, apple and pear; and yew-walks and holly-hedges led to the long, winding, shady grove from river to river, where the Smyte curled coolly through garden and meadow, in which dainty brown fish whisked and darted and hid in pools. Ah! in such environment it was easy to spend joyous days, good to live in close touch with nature,—and yet somewhere "beyond the world's most purple rim" a voice was calling—calling.

Those who knew her in childhood say that Ethel Manson was a silent, sensitive, and very shy child, but that as she grew to womanhood she "bloomed and blossomed like a rose." One who remembers her in her teens writes: "At seventeen she was a lovely woman, never girlish,

yet sympathetic and sprightly, full of *verve,* wit, and extraordinary charm, in touch with the essential quality of things, with a strange, intuitive, pitiless power of reason, and a resistless, finely tempered will of steel; — a brilliant, spontaneous creature, strong, forceful, fateful, doomed, it seemed to me, to much suffering from contact with those of meaner mould—the sort of creature to make history had she been a man."

In 1878, when she came of age, Ethel Manson entered the Children's Hospital at Nottingham. "I want to begin work now, while I am young and strong and have something to give." Such, they say, was her characteristic reply when asked her reason for becoming a nurse, and the reason seemed to have commended itself strongly to the lady superintendent, herself a woman of parts. Too young to be admitted to any large London training-school, Miss Manson went from the Children's Hospital at Nottingham to the Royal Infirmary at Manchester—a splendid school for clinical experience. There she became a much-favored pupil of the progressive medical staff headed by the late Professor Lund, and of those wonderful old sisters whose many years of practical experience had made them extraordinarily skilful and helpful to patient and doctor alike. Traditions are still extant at the Royal Infirmary of Miss Manson's vitality, her devotion to duty, her thirst for knowledge, and her disdain for broken hearts! At this time we find her volunteering for active service in the Ashantee campaign. She was a selected candidate, but, owing to the end of the war, was not sent out. In 1879 she was appointed sister of the Charlotte Wards at the London Hospital; these contained fifty-three beds and provided scope for her powers of organization and endurance. In that position in less than two years she had made such a reputation for herself as a practical administrator and disciplinarian, that her appointment at the age of twenty-four as matron and superintendent of nursing at St. Bartholomew's Hospital caused little surprise to those who had watched and sympathized with her career. Only those who know what the condition of the old general hospitals of London was twenty years ago can realize what this new charge meant. The old order of things was passing away, and methods which have been in force for seven centuries pass away neither smoothly nor meekly. Yet St. Bartholomew's was reformed without friction, a fact of which the credit has always been largely ascribed to the personal tact and influence of its matron. One who watched her work daily once truly said, "Miss Manson's matronship was an unbroken progress of brilliant accomplishment."

"Call that a matrum," remarked a sister of thirty years' standing, watching the girlish figure of the new matron in its severe but very becoming uniform flit across the square of "Bart's"; "why, she is 'nobbut'

a gal." But it was those old sisters—many of them forceful and turbulent women who had been accepted as powers in the old hospital for years —who came to be the matron's most willing supporters. A girl she might be in years, but her knowledge of men and matters was wide, and her unerring sense of justice made her very sensitive of human rights. Example is better than precept, and it was easy for one who lived laborious days, taking little rest or heed of personal comfort, to exact a full measure of work from others. Certainly her fellow-workers at St. Bartholomew's felt a very genuine pride in her reputation amongst "the elders" for courage and wisdom. This was mingled, no doubt, with the wholesome modicum of fear, for women are quick to recognize a leader who is also a ruler.

The numerous reforms which were made in the organization of the School of St. Bartholomew's were, as I have said, effected with the utmost harmony, and the "six strenuous, satisfying years," as Mrs. Fenwick has termed them, were perhaps the more easily passed because everyone came to recognize that the matron upheld the ancient and honorable traditions of "Bart's," whilst leading the nurses ahead of all others in the van of nursing progress and reform. If proof were needed of the high appreciation in which her work was held at St. Bartholomew's by the medical staff, the words of Mr. Harrison Cripps, F.R.C.S., at a public presentation made to Mrs. Fenwick in 1896 may fairly be quoted: "We all want in life some ideal standard of excellence after which to strive. I say, and say it with conviction, that this ideal goal, ever moving onward and upward, is to me embodied in such a nature as that of Mrs. Fenwick. It would be impossible in the short time at our disposal this evening to mention the inestimable work that this gifted lady has done for the nursing world. When almost a girl she completely reorganized the School of St. Bartholomew's Hospital, so that it now stands out as the foremost school of the country. To her we owe the inception and enrolment of nurses into a corporate body, and it is chiefly owing to her indomitable energy that the royal charter of the Nurses' Association became an accomplished fact. Nor is it to this country alone that her work has been confined, for to her we owe much of the reputation that British nursing has acquired in America; for from one end to the other of that great continent wherever nursing is discussed the name of Mrs. Bedford Fenwick is honored. Such triumphs might have satisfied an ordinary mind, but not so with this restless genius, who, you may depend, so long as life and strength are left, will ever be to the front as a guiding star of the nursing profession."

It is not too much to say that since her marriage in 1887 Mrs. Fenwick has devoted her life to the organization of nursing as a profession

for educated women. She has proposed a simple basis,—professional enfranchisement through State registration and self-government. Yet to attain such an end where women are concerned arouses prehistoric prejudices and touches a multitude of vested interests. Hence the stringent opposition with which every effort of nursing reform has been and is being met. Moreover, the industrial spinster does not count; she exists, unfortunately in excessive quantities; she lives, she works, she disappears; she is a voteless, voiceless item of humanity. What a herculean task to reach the submerged, silenced soul!

"The nurse question is the woman question pure and simple. We have to run the gauntlet of those historical rotten eggs," said Mrs. Fenwick in discussing the formation of the British Nurses' Association in 1887. Nothing daunted, she called together a few well-known matrons at her house, and after earnest consideration the British Nurses' Association was founded in December of that year: "(1) To unite all British nurses in membership of a recognized profession; (2) to provide for their registration . . . as evidence of their having received systematic training; (3) to associate them for their mutual help and protection and for the advancement in every way of their professional work."

These aims were as just as they were justifiable; and yet the history of this union of trained nurses has exemplified in every particular the history of every worthy movement for reform since the world began,—opposition, prejudice, intolerance, persecution, and treachery. Yet through good and evil report it has conclusively demonstrated the valor of its founder. The history of the association until it attained a royal charter and the subsequent efforts to nullify its powers are too long to tell in detail here. Suffice it to say that when the best interests and liberties of the nurse members were threatened, Mrs. Fenwick came forward, took a heroic stand as the champion of their rights, and for eight years she has, almost single-handed, "kept the flag flying."

Turning, however, to brighter pages of Mrs. Fenwick's work, it is generally known that she has taken a most active part in every movement for the benefit of nurses during the past twenty years. She has initiated and represented important progressive movements. As president of the British Nursing Section at the Chicago World's Fair she paid her first visit to the United States in 1892. In the following year, at the Congress of Representative Women at Chicago, she was chosen to ventilate the subject of international coöperation amongst women in Great Britain, and took a prominent part in public meetings which were fruitful in arousing interest and securing the progress of the movement.

In 1896 she organized a complete Nursing Exhibition and Congress in London, carrying the whole undertaking through in the most success-

ful manner. At the Congress she read a paper on the "Nursing of our Soldiers," a question in which she has always been deeply interested. In 1897 she initiated a public subscription which developed into the "National Fund for the Relief of the Greek Wounded" in the war with Turkey, and she superintended a body of thirty English sisters working in Greece throughout the continuance of that struggle. It was generally admitted that her special talents were never more strikingly demonstrated than during this campaign. As an eye-witness said, "Her grip of the geographical and political situation was remarkable, and in her own special department order was evolved out of chaos as if by magic. There was no fuss, no friction; the work was just done." For this valuable international work Mrs. Fenwick and all of her sisters were awarded the diploma and medal of the Greek Red Cross. It was characteristic that when the Committee of the National Fund asked how they could recompense her for her invaluable services, Mrs. Fenwick declined all reward, replying that "the privilege of performance was sufficient recompense."

From its inception Mrs. Fenwick has been a member of the Matrons' Council of Great Britain and Ireland, the only society of trained nurses in this country which is now working to procure a definite educational curriculum and State registration for nurses, and a body which is the acknowledged medium of progressive professional movements.

As the convener of the Professional Section and the treasurer of the International Council of Women, which was held in London in 1899, Mrs. Fenwick's work for the international movement in this country was duly recognized. And it was at the meeting of the Matrons' Council held during the Congress week that she proposed her scheme for the formation of an International Council of Nurses,—a scheme which is fraught with immense possibilities for the future profession of nursing, which has already been accepted in many countries, and of which she was unanimously elected as the first president.

It would be impossible to describe her labors as editor of the *Nursing Record*. Week by week for eight years she has voiced the needs of the nursing world with fearless advocacy. Only those who have watched the untiring devotion, the singleness of purpose, and the absolute self-sacrifice demanded by this work can realize what the nursing profession all over the world owes to her efforts. But it is safe to prophesy that if she lives she will succeed to the fullest degree in the work she has set herself to carry through, just as success has crowned her efforts in all that she has attempted in the past.

I should fail to convey an adequate idea of the president of the International Council of Nurses if I did not lay some stress upon her intense admiration for things American. Your ideals are her ideals, or,



MISS BAXTER

Honorary Vice-President from Naples; Graduate of the Johns Hopkins Hospital School for Nurses



SUSAN B. McGAHEY

Honorary Vice-President from Australia and Delegate from Australasian Trained Nurses' Association

as I have heard her put it, "I am understanded of the people." She is eagerly anticipating her visit to the States and the certainty of strengthening the bonds of friendship which she has formed with kindred spirits from many lands.

MISS ISLA STEWART

Honorary Vice-President

Miss Isla Stewart, matron of St. Bartholomew's Hospital, London, has a charming and interesting personality. The daughter of a Scotch gentleman of old family, she is naturally proud of her country and ancestry.

Miss Stewart's nursing career began in 1879, when she entered St. Thomas's Hospital as special probationer. Sixteen months later she was appointed sister of a ward, a post she held for four years.

In February, 1885, Miss Stewart became matron of a camp hospital for small-pox patients, and in 1886 she occupied a similar position at the Eastern Fever Hospital. In 1887 she was appointed matron of St. Bartholomew's, which post she still holds. It is a great position in the nursing world, and one that can only be satisfactorily filled by a woman of exceptional capability and considerable tact.

It would be impossible in this necessarily brief notice to go into detail regarding her work there during the last fourteen years, but it may be briefly said that she has unceasingly and consistently worked, not only for the welfare of those under her own special care, but also for the professional advancement of *all* nurses.

An excellent disciplinarian, she is careful not to burden her nurses with rules that are trivial, irritating, and unnecessary. A woman of a broad and intellectual mind, with many and varied interests, given to hospitality and an admirable hostess, Miss Stewart's friends are legion; none, however, are more faithful and loyal than those who have had the good luck to work under her during her sway at Bart's.

MISS SUSAN B. McGAHEY

Honorary Vice-President of the Congress from Australia, and Delegate from the Australasian Trained Nurses' Association; Certificated London Hospital; Certificated London Obstetrical Society; Member Matrons' Council of Great Britain and Ireland

Miss McGahey received a part of her early education at home. Later on she went to a college in Belfast, North of Ireland. During her stay there she passed two public examinations, and on two occasions was awarded scholarships in connection with this college; she also obtained

two medals from the same institution. Afterwards she continued her studies at other schools and privately till November, 1884, when she entered the London Hospital, London, as a probationer.

On obtaining her certificate she left for some months in order to study midwifery nursing, after which she returned to the London Hospital as matron's assistant and holiday sister, and later on was appointed sister in charge of a ward. She left the "London" in August, 1889, and in the following November went to Australia. In May, 1890, she was appointed matron to the Carrington Convalescent Hospital, Camden, New South Wales, which she vacated in order to take over the duties of lady superintendent at the Prince Alfred Hospital, Sydney, New South Wales, which position she now holds.

Since her appointment as matron of the Prince Alfred Hospital she has gained a brilliant reputation as an organizer and administrator, and her example is a great incentive to her pupils to attain professional proficiency. The hospital is, from photographs which Miss McGahey has been kind enough to send to us, a most charming place. The wards have polished floors, with tables down the centre, beautifully decorated with palms and flowers. The beds have white curtains,—a necessary provision in a warm climate. Each ward contains thirty-two beds, for which the nursing staff consists of a sister, charge nurse, assistant nurse, and two probationers by day, and a staff nurse and assistant nurse at night, so that provision is made to admit of the patients being well nursed. The average hours on duty of the nurses are ten a day. Much consideration has been devoted to making their surroundings when off duty as comfortable as possible. Their sitting-room is quite charming, and they also have a fine library and reading-room and a pleasant dining-room. Out-of-doors a tennis court is provided for the use of the nurses, so that it would seem that at the Prince Alfred Hospital the lines have fallen to them in pleasant places.

MRS. STRONG

Vice-President from Scotland

Mrs. Strong, matron of the Royal Infirmary, Glasgow, Scotland, will be here as vice-president from Scotland.

MISS WILHELMINA J. MOLLETT

Delegate to the Congress from the Matrons' Council of Great Britain and Ireland

Miss Wilhelmina J. Mollett, who attends the Congress as the delegate of the Matrons' Council, has a charming personality and is a



MISS MOLLETT

Delegate Matrons' Council of Great Britain and Ireland

general favorite with her colleagues. She was born at Northfleet, in Kent, and educated partly in England but principally in Hanover in the Höhere Töchter Schule, after which she spent the impressionable years of her early youth in Hanover and Paris.

Her professional career began in 1882, when she entered St. Bartholomew's Hospital as a probationer. After her graduation she gained further experience as a sister at the Children's Hospital, Shadwell, which she left to take the post of superintendent of nursing at the National Hospital for Nervous Diseases, Queen's Square, Bloomsbury, where she was held in high repute alike by the medical and nursing staffs.

In the spring of 1887 she was appointed matron of the large Poor-Law Infirmary at Chelsea, where she introduced many improvements and greatly added to the status of the Training-School.

Upon resigning this position she went to Johannesburg to undertake professional duties, and was appointed to her present position as matron of the Royal South Hants and Southampton Hospital in 1892.

If it be true that we owe certain gifts to our fairy godmother, then the sprite was in a lavish mood when she endowed the little Wilhelmina. Born of mixed parentage,—an English father of Huguenot extraction and a German mother,—she entered this world richly dowered with intellectual gifts. Thus, on to the British characteristics are grafted French versatility and German philosophy. Indeed, if one were asked for the dominant note of Miss Mollett's character, one would without hesitation say that it is the kindly tolerance and breadth of view which has its root in a philosophic mind. I doubt if anyone has ever heard Miss Mollett express an ungenerous thought. Again, the same characteristic makes her take a detached view of life. To some strenuous natures every event appears of vital importance; questions of principle are matters of life and death, and the issue of supreme moment. Not so with Miss Mollett. While in professional matters she is always to be found on the side of right, liberty, and progress, she is able to maintain a philosophic calm and even to obtain amusement out of things which disturb the equanimity of intenser natures.

She has essentially a scientific bent of mind, so much so that her friends have regretted that she has found her sphere in the ranks of nursing rather than in those of medicine. While she has, of course, done excellent work in her chosen profession, she has scarcely found full scope for certain mental qualities which she possesses, and, as an original thinker, she would, no doubt, have made a name as a medical woman.

Miss Mollett has taken an active part in nursing organization, and was one of the matrons who helped to found the British Nurses' Association. Her name is to be found in the incorporation clause of the royal

charter, and so long as its original policy was carried out and the nurses had freedom of action as empowered by its by-laws, she worked enthusiastically for the association.

She was one of the first to grasp the fact that it was impossible without loss of dignity to continue a member of a nurses' society dominated by medical men, and in consequence resigned her membership.

From the first she has been a member of the Matrons' Council, of which she is a vice-chairman. It is scarcely needful to say that she is sound on the necessity for a defined curriculum of education and training for pupil nurses, and naturally, therefore, supports the demand for legal status and registration of nurses.

As a companion Miss Mollett is delightful. Handsome in appearance, pleasant in manner, and a genial comrade, she can ride a beast or a bicycle, sail a boat, or scale a mountain in excellent form. From which you will gather that Miss Mollett is a thoroughly healthy-minded woman, and that in selecting her to represent them the Matrons' Council has sent you a delegate who will prove an acquisition to the Congress both practically and socially.

THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.

The Matrons' Council is an association of superintendents of trained nurses founded in 1894 at a meeting held at the Matron's House, St. Bartholomew's Hospital, at which Miss Isla Stewart presided. The objects of the council are:

"(*a*) To enable members to take counsel together upon matters affecting their profession.
"(*b*) To bring about a uniform system of education, examination, certification, and State registration for nurses in British hospitals.
"(*c*) To hold conferences to discuss subjects of professional and also of general interest."

Miss Isla Stewart, matron of St. Bartholomew's Hospital, has been chairman and president of the council from its foundation, and the members are greatly indebted to her for her services in this connection to the council, and for her ready interest at all times in all that concerns it. The council holds quarterly meetings, at which new members are elected and business transacted. It also holds a two-days' conference annually, and a "Nursing Directory" is issued every year under its authority. It strongly supports the principle of State registration for nurses, and constantly works in the direction of better organization of nursing and nurses. It holds a position in Great Britain analogous to that held by the American Society of Superintendents of Training-Schools in the United States.



MISS SOPHIA E. CARTWRIGHT

Delegate Registered Nurses' Society

MISS SOPHIA E. CARTWRIGHT

Delegate Registered Nurses' Society

Miss Sophia E. Cartwright, who attends the Congress as the delegate of the Registered Nurses' Society, was trained and certificated at St. Bartholomew's Hospital. She is best known in her capacity as sister-in-charge of Gordon House Home Hospital, London, where her exceptional gifts as a nurse and her excellent business capacities found full scope. Under her supervision the standard of nursing maintained in this hospital was of a very high character. One had only to look at the outside, the shining window-panes, the dainty curtains, the well-polished brass, to know that inside order reigned supreme, a belief which further acquaintance served to confirm.

In 1896 Miss Cartwright became secretary of the Registered Nurses' Society, a coöperation of nurses formed for the purpose of supplying the public with thoroughly competent nurses all of whom had been certificated after three years' hospital training, and of securing to the nurses themselves their full fees, less a small percentage to cover working expenses. Her professional knowledge and capacity have been invaluable to the society, and the members have done wisely in electing to represent them at Buffalo the secretary who has managed their affairs with so much ability and discretion, and whom they so thoroughly respect.

Miss Cartwright was one of the early members of the Royal British Nurses' Association, but, in common with many other self-respecting members, severed her connection with the society when the new by-laws were enforced depriving the nurse members of all practical powers of self-government. Throughout the preceding fight her influence was always exerted and her vote recorded in the interests of justice and progress. She is a member of the Matrons' Council and a strong believer in the practical utility of State registration for nurses.

Miss Cartwright comes of a good old English stock and possesses many of the best marked characteristics of the race. One is perhaps most impressed by her absolute sincerity. Quiet and reserved in manner, those who know her well find in her a grit and sturdy uprightness which are both valuable and rare. Any work which she undertakes to do is performed with faithful devotion and thoroughly well done. She is an earnest and reliable woman. The world needs many such and is the better for them.

If she does not take a leading part in debate, she will observe much, and will form honest and dependable opinions on all questions brought before the Congress, and she will vote straight without fear or prejudice. Thus you will realize that the Registered Nurses' Society is sending a delegate worthy of all respect.

MISS EMILIE WAIND

Delegate of the League of St. Bartholomew's Nurses

THE League of St. Bartholomew's Hospital Nurses will be represented by Miss Emilie Waind, who is, of course, a member. She was trained in St. Bartholomew's Hospital from 1887 to 1890, when she obtained her certificate and was awarded the gold medal. She became night superintendent in February, 1891, and was appointed sister of Stanley Ward in December, 1892. She resigned in October, 1899. She then became proprietary superintendent of a private nursing home at Guildford, in Surrey. Miss Waind is rather below the middle height, of bright and pleasing appearance, and possesses pleasant manners. She has a very distinct individuality, and her opinions are concise and well considered. She possesses a considerable talent for minute observation and comprehension of detail.

MISS AMY HUGHES

Delegate from England

MISS HUGHES and MISS WOOD represent the following societies, having been elected by the Sectional Committee on Nursing of the Trained Nurses' Club:

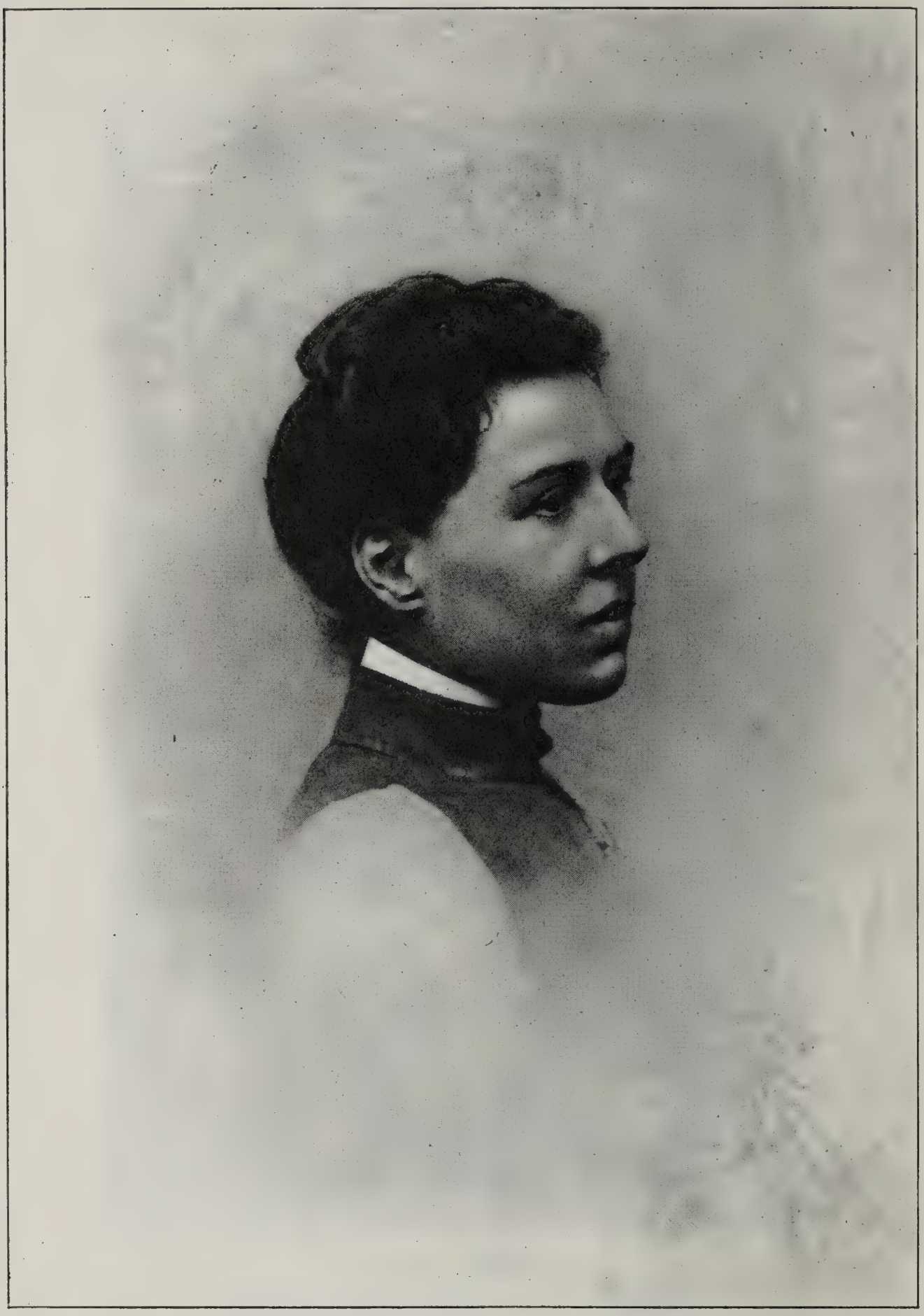
Queen Victoria's Jubilee Institute for Nurses.
Guy's Hospital Training-School for Nurses.
Guy's Trained Nurses' Institution.
Colonial Nursing Association.
Infirmary, Leicester (sisters and nurses of).
Maternity and District Nurses' Home, Plaistow.
Workhouse Infirmary Nursing Association.
Northern Workhouse Infirmary Nursing Association.
Nurses' Hostel.
School Nurses' Society.
Asylum Workers' Association.
Incorporated Midwives' Institute.
Trained Nurses' Club.
Incorporated Society of Trained Masseuses.

Miss Hughes began her nursing career in 1884, when she entered St. Thomas's Hospital to train for district nursing, to which branch of the profession she attached herself. "District nursing" is the term used in England for the care of the sick in their own homes, as distinct from sending them into hospitals or the like institutions. From St. Thomas's Hospital she went to the Central Home for District Nurses in Blooms-



EMILIE M. WAIND

Delegate St. Bartholomew's League of Nurses



AMY HUGHES

Delegate from England

bury, where the practical part of the training is given. When fully qualified, in 1886, Miss Hughes was placed on the nursing staff of the Kensington Home, and a year and a half later was sent with another nurse to Westminster to work up that district. The following year Miss Hughes was placed in charge of the Chelsea Nurses' Home, which is now one of the training-homes for district nurses. This district was organized by Miss Hughes, and from being the sole nurse, she left a superintendent and four nurses at work.

In 1892 Miss Hughes was appointed superintendent of the Central Home in Bloomsbury, which was now affiliated with the Queen's Institute and was the principal training centre. The Queen Victoria Jubilee Institute for Nurses was the result of the Women's Offering to the Queen at her Jubilee, the sum of seventy thousand pounds being appropriated by Queen Victoria for this purpose; hence their name of "Queen's Nurses."

During all this time Miss Hughes had been working as a district nurse, but in May, 1895, she was appointed to the important post of superintendent of the Bolton Workhouse Infirmary, a large infirmary of four hundred and twenty beds in the midst of the cotton operatives' district. The whole of the nursing service for this infirmary was to be organized and the system of trained nursing introduced, a task of no mean magnitude, but which was so successfully handled that in two years the nursing staff was much increased and the style of nursing approached to that of the best hospitals.

In 1897 Miss Hughes became the superintendent of the Nurses' Coöperation, the largest association of nurses on the coöperative principle and the first of the kind in the United Kingdom. Being an association of nurses engaged in private nursing, the post of superintendent is one of great responsibility, and the four years of her control have won her the respect of the large body of nurses over whom she was selected to preside.

Miss Hughes is the author of the nursing article in Professor Clifford Allbutt's "System of Medicine" and of "Practical Hints to District Nurses."

MISS C. J. WOOD

Delegate from England

It is unlikely that there are many women still actively connected with the nursing profession who can look back on so long a career as that of Miss C. J. Wood. She entered the Hospital for Sick Children, Great Ormond Street, London, in 1863 as ward superintendent, as the title

then ran. The hospital was at that time quite a small one, which had been recently reorganized under the management of gentlewomen. There was a lady superintendent as head and two ward superintendents, one for the boys' side and one for the girls', and Miss Wood was placed in charge of the latter department. These ladies received their instruction in medical and surgical nursing from the doctors, eagerly supplementing it by the study of text-books and by close personal observation. In 1867 the need of a hospital where children with hip-disease could receive the prolonged treatment their ailment rendered necessary led Miss Spencer Perceval (afterwards Mrs. Howard Marsh) to found the Alexandra Hospital for Hip Disease. Miss Wood was co-founder, and she worked there for eighteen months, leaving in 1869 to take the superintendence of Cromwell House, Highgate. This was the chronic and convalescent branch of the Great Ormond Street Children's Hospital, situated in a beautiful old house which was built in 1616 and purchased by the Protector Cromwell for a wedding-gift to his daughter. It stands on high ground in a northern suburb of London. In 1878 Miss Wood was appointed lady superintendent of the mother hospital in Great Ormond Street, and held that office until the spring of 1888.

The years 1863 to 1888 cover the period during which systematic training was organized, and the Great Ormond Street Children's Hospital was one of the pioneers in the work. Pupils were trained for work in private nurseries, probationers instructed in ward work and in the nursing of the sick in private houses, and lady pupils were taken for longer or shorter periods according to their requirements.

In 1879 Miss Wood became honorary secretary to the Guild of St. Barnabas for nurses, a union for religious purposes of nurses belonging to the Church of England; she holds that office still.

In 1887 she, in conjunction with six other ladies, founded the British Nurses' Association, since the Royal British Nurses' Association. This is a union of nurses for professional purposes, and it was hoped that it would in time embrace all those who desired to advance the welfare of their common profession. The association still exists, though various causes have combined to prevent the full realization of the hopes of its founders. Miss Wood took an active part in its formation and was one of its honorary secretaries till 1892.

In 1889, eighteen months after severing her connection with the Children's Hospital, which she had served so long, Miss Wood opened the Nurses' Hostel. In the early days of private nursing those who followed this branch of the profession were boarded and lodged by the hospitals or institutions which supplied them to the public, but as their numbers increased the independent nurse came into being who wished to take her



MISS C. J. WOOD

Delegate from England



CHARLOTTE MACLEOD

Chief Lady Superintendent of the Victorian Order of Nurses in Canada

own fees either directly or through an agency, and such nurses felt the need of a well-managed home in which to reside between their engagements. The Nurses' Hostel was established to meet this need, and also to serve the purpose of a hotel at prices such as the average nurse travelling for business or pleasure could afford to pay. The hostel proved a success, even in its original small and somewhat unsuitable premises, and in 1897 the scheme was enlarged, and it became a limited liability company, of which Miss Wood is the managing director and in which a large proportion of the shares are owned by the nurses who make use of the hostel. New premises were built to accommodate upwards of fifty nurses at one time, and in the present year a further block which will double the accommodation is in course of construction.

Among Miss Wood's activities should also be recorded her work for the improvement of nursing under the Poor Law. She was visitor for the Workhouse Infirmary Nursing Association from 1889 to 1894, and in the two following years as special commissioner of the *British Medical Journal* was intrusted with the charge of visiting and reporting on a large number of the English and Irish workhouse infirmaries. The result of this commission and of the reports published thereon in one of the leading English medical papers has been a very marked improvement in the management of workhouse nursing in general.

Lastly, we may mention that Miss Wood was during the years from 1891 to 1894 frequently engaged in courses of lectures to village audiences on the elements of nursing and hygiene.

CANADA

MISS CHARLOTTE MACLEOD

Delegate from the Victorian Order of Nurses for Canada

Miss Charlotte Macleod holds the diploma and gold medal of the Waltham, Massachusetts, Training-School for Nurses, having graduated there in 1892.

After a post-graduate course at the McLean Insane Hospital and a few months spent in studying the various methods of training nurses in Brooklyn and New York, she accepted the position of superintendent of the Waltham Training-School, which position she held for over six years, obtaining five-months' leave of absence in 1896 to study district nursing as taught in the Queen's Jubilee District Nursing in Great Britain.

She has held the position of chief lady superintendent of the Victorian Order of Nurses for Canada since January, 1898.

The Victorian Order of Nurses for Canada was founded in 1897 in the year of her late Majesty's Diamond Jubilee and in commemoration of the same. It is for the purpose of providing the service of trained nurses in the more remote districts of the Dominion, and for the sick poor in the more densely populated centres.

The order was founded by the Countess of Aberdeen, the wife of His Excellency the then Governor-General of Canada, who also held the office of president of the order for one year. A royal charter was granted by which authority was given for the formation of a Board of Governors who should have the control and management of the order and its affairs. His Excellency the Governor-General of Canada is the patron of the order and has the appointment of five of the members of the board. Very early in the spring of 1898 it was so organized that four branches could be established, and eight nurses were engaged for the same. Since its inception twenty-five branches have been established, and there are at present, including those in training, fifty nurses engaged in its work. Nurses offering themselves as candidates must hold diplomas from some recognized hospital Training-School, and must take a course of four months in district nursing at one of the Victorian Order Training-Homes. They are then required to pledge themselves for two-years' service and for duty either as district nurses or in one of the small cottage hospitals. While at the Training-Home the nurse receives an allowance of twenty dollars a month, with maintenance. The diploma and badge of the order are given on admission, also the uniform, maintenance, and a salary of not less than twenty-five dollars a month.

Through the interest and aid of Her Excellency Countess of Minto, wife of the present Governor-General, a fund has been created which is known as "The Lady Minto Fund for Erecting Queen Victoria Cottage Hospitals." From this fund grants are given towards the erection of suitable hospital buildings. Three are now in process of building, and in each a tablet will be placed in memory of her late Majesty.

MISS JULIA STEWART—MISS MARY AGNES SNIVELY

Delegates from the Toronto General Hospital Nurses' Alumnæ

Miss Julia Stewart, delegate to the Congress, graduated in the Class of '93, and since that time has been a most successful private nurse.

Miss Mary Agnes Snively graduated from the New York City Training-School for Nurses connected with Bellevue Hospital on No-



MISS MARY AGNES SNIVELY

Superintendent of Nurses of the Toronto General Hospital

vember 22, 1884, leaving New York the same day to take the position of lady superintendent of the Training-School of the General Hospital, Toronto, Canada. Miss Snively is by birth a Canadian. She is a woman of strong individuality, and is prominent in nursing affairs, both in her own country and the United States.

The Alumnæ Association in connection with the graduate nurses of the Toronto General Hospital Training-School was first organized on February 10, 1894. Officers were elected and a constitution drawn up. Meetings were held till May, 1895, when the society became disorganized. At this time there were twenty-two members and a fund of seven dollars.

In October, 1898, the alumnæ was reorganized. Meetings were held regularly each month, and at the annual meeting, held on October 10, 1899, the membership was forty-seven, and there was a reserve fund of sixty dollars.

During the year 1899-1900 the work of the association was most encouraging and successful. In March, 1901, a benefit fund was established for the relief of nurses who were ill.

At the closing meeting of the year 1900-1901, held on June 11, the treasurer reported a deposit of two hundred and forty-eight dollars in the bank and a membership of fifty-nine.

MISS ANNIE ARKLE

Delegate from the India Nursing Service of Great Britain

Miss Annie Arkle was trained and certificated at St. Mary's Hospital, Paddington, from 1887 to 1889, and acted as staff nurse from 1890 to 1893. She had experience in private nursing till 1894, and from that date acted for two years as night-sister at the National Hospital for the Paralyzed and Epileptic, Queen's Square, London. Miss Arkle joined the Indian Army Nursing Service in 1896, so has five-years' experience in the work, and will read a paper on the department at the Congress which will be very interesting, especially as to the training of native orderlies.

We regret that the limited time before publication prevents us from presenting a portrait of Miss Arkle.

MISS LOUISA STEVENSON

Word comes that Miss Louisa Stevenson, one of the governors of the Edinburgh Royal Infirmary, who will be present at the Congress, will represent officially the National Council of Women of Great Britain.

AMERICAN DELEGATES AND SOCIETIES

MISS ISABEL McISAAC

President of the Congress

Miss Isabel McIsaac, the president of the Congress, is a graduate of the Illinois Training-School for Nurses connected with Cook County and the Presbyterian Hospital, of Chicago, Illinois, of the Class of '88, and was, with her sister, among Mrs. Hampton Robb's first pupils. She has remained in the school since she first entered as a probationer. Upon her graduation she was made assistant in charge of the Presbyterian Hospital, and in 1895 was appointed to the position of superintendent of the school, where she now has five assistants.

Miss McIsaac is of Scotch parentage, and was born in Iowa. She is endowed with a stanch, loyal, and upright nature; she has no patience with any kind of sham, and has a vein of dry humor quite irresistible. Her opinions and sympathies are broad, and she has a genius for common sense.

COLORADO

THE TRAINED NURSES' ASSOCIATION OF DENVER

The Trained Nurses' Association of Denver, Colorado, will be represented by its president, Miss Ella M. Allen.

Miss Allen graduated from the McLean Hospital with the first class and from the Massachusetts General Hospital in 1887, then returned to McLean and served as supervisor of the women's department for two years. She then went to Oberlin, Ohio, and took three-years' collegiate work, and while there did the nursing in Talcott Hall. In 1892 she went to Denver and did private nursing for four years, then returned to Oberlin and for three years held the position of matron of Baldwin Cottage. After five-months' post-graduate work at the Presbyterian Hospital in New York in 1899 she returned to Denver, where she has been doing private nursing.

"The Trained Nurses' Association" of Denver, Colorado, was organized in March, 1900. The present membership is about fifty, and includes graduates from the Denver and many Eastern schools.



MISS ISABEL McISAAC

President of Congress

DISTRICT OF COLUMBIA

ORDER OF SPANISH-AMERICAN WAR NURSES

(Delegate promised.)

In the fall and winter of 1898-99, Dr. Anita Newcomb McGee, feeling that an organization of Spanish-American War nurses should be formed, consulted with a considerable number of war nurses, who expressed themselves in favor of such a step, and a committee was selected, composed of Miss M. Eugénie Hibbard as chairman, Mrs. Harriet Camp Lounsbery, secretary and treasurer, and Miss Jane Hodson. This committee sent out circulars to all graduate nurses who had served under contract in the army.

The response was most gratifying, and by the end of June three hundred and forty-one names were enrolled, and at the time of the first meeting five hundred nurses had joined as active members. This first meeting was held in New York City, September 5, 6, and 7, 1900, by courtesy of Miss Irene Sutliffe, in the parlors of the Nurses' Home of the New York Hospital.

At this meeting Dr. Anita Newcomb McGee was elected president. Dr. Laura A. C. Hughes, Miss Mary J. McCloud, Miss Isabel J. Walton, Miss Isabel E. Cowan, Miss Annie A. Robbins, Miss Rose Meiselbach, Miss Mary E. Dryer, and Miss McEvoy were elected vice-presidents, Mrs. Harriet Camp Lounsbery corresponding secretary and treasurer, and Miss Lela Wilson recording secretary.

The order has money in the bank, which was collected by the preliminary committee, for the purpose of erecting a suitable monument in the National Cemetery at Arlington to the memory of those nurses who died while serving the soldiers. The difficulty of obtaining permission from the Government to erect the monument has caused this good work to be laid by for the present.

The order has started a "sick and benefit fund" for the relief of those of its members who have lost their strength and health while in the army work.

COLUMBIA AND CHILDREN'S HOSPITALS ALUMNÆ ASSOCIATION, WASHINGTON

Miss Elizabeth M. Hewitt, the delegate from the Columbia and Children's Hospitals Alumnæ Association to the Congress of Nurses, is a native of Pennsylvania. Miss Hewitt entered the school in 1893, and graduated in the Class of '95. Her first year was spent in private

nursing at her home. Returning to Washington, she did private nursing until July of 1898, when she entered the Spanish-American War service, remaining in the service till February, 1899, after which she did private nursing until October of the same year, when she was appointed head nurse of the Children's Hospital, which position she still holds.

The Alumnæ Association of the Columbia and the Children's Hospitals of Washington, D. C., was organized in 1900 with a membership of eighteen, Miss Corbett, of the Class of '98, being the first president. During the winter the association enjoyed a number of lectures given by the doctors of the visiting staff which proved to be very instructive. At the annual meeting held at the Children's Hospital, June 24, the following officers were elected for the year: President, Miss I. I. Entwisle; vice-president, Miss Cora Kibler; secretary, Miss E. M. Hewitt; treasurer, Miss E. Flynn.

The annual report closes with a membership of forty-one.

GARFIELD MEMORIAL HOSPITAL NURSES' ALUMNÆ, WASHINGTON

Miss Sears, the delegate from the Garfield Hospital Alumnæ, was graduated in the Class of '96, and has been engaged since in private nursing. Since 1898 she has been treasurer of the Alumnæ Association.

The inspiration to organize an Alumnæ Association came from Miss S. F. Palmer, the first superintendent of nurses in the Garfield Memorial Hospital.

A small number of nurses responded to the call in April, 1895, when the preliminary meeting was held, and soon after the association was duly formed with Miss M. A. Mullen, president, she also being a charter member in the National Association. A constitution and by-laws were adopted which were later revised and articles of incorporation added. These were again revised in 1900, and now include a code of ethics.

Monthly meetings have been held, at which at first papers were prepared and read by the nurses, but in the past two years lectures have been given by the different physicians on subjects outlined in the course of study. The working membership has slowly but very surely increased. Out of seventy-eight graduates forty-nine are members, five have died, fifteen married, eleven are in institutional work, five in the army, and the remainder are doing private nursing.

An alumnæ pin was adopted in 1896, and is now worn by the majority of members. The alumnæ dues have been increased from one dollar to three dollars, two-thirds of this going to the sick-fund. From this fund nurses have been aided at different times.

Last year the Girls' Friendly Society of St. Albans was given talks on nursing subjects by the nurses. These were arranged for twice a month and lasted from October until April. A Mothers' Club was given talks once a month. When necessary these were illustrated either with the objects or patients. Knowing the busy life of a nurse and the uncertainty of her time, the labor in preparing these talks and in keeping the dates can be appreciated.

Efforts were made some years ago to start hourly nursing, but this has not yet been made a success.

THE ARMY NURSE CORPS

Mrs. Dita H. Kinney, who represents the Army Nurse Corps, is a graduate of the Massachusetts General Hospital School for Nurses, Class of '92.

Mrs. Kinney has had experience in the lecture-field, as a private nurse, in tenement-house and instructive district nursing, and in institutions. She entered the army with the breaking out of the Spanish-American War, served in the ranks and as chief nurse, and was appointed to succeed Dr. McGee in the early part of this year.*

The Army Nurse Corps, child of Columbia's sorrow and travail, leaped into existence, like Minerva, armed cap-à-pie and ready for work. It cannot, however, be said that at the moment of her birth she had attained her fullest development, but she became at once a valuable and most useful member of society.

The applications for admission to the corps from the first up to the present have numbered about eight thousand. Of these the government has employed sixteen hundred and eighty. The first party of four was sent to Key West, Florida, on May 10, 1898. The largest number employed at any one time was twelve hundred, in September of that same year.

The passage of the Army Reorganization Bill, February 2, 1901, put the corps on a permanent basis and inaugurated some changes, the most important of which was the requirement for a trained nurse to have

* A full account of Mrs. Kinney's work, with portrait, was published in the March number of this Journal.—Ed.

charge of the administrative work of the corps under the Surgeon-General. Mrs. Dita H. Kinney was appointed to that position March 15, 1901.

Those officials of the Medical Department of the United States army who thought at first that there was no place in army hospitals for trained nurses have, almost without exception, been converted to the opposite opinion, and now stand ready to testify to the value of the work done by these trained assistants. One says, "By their presence they have raised the moral tone of the hospitals where they have served and lowered the death-rate." Could any praise be higher?

There have been sixteen deaths among the nurses since they were first employed. Most of these were from typhoid fever contracted in the camps during the war. Two died after discharge from disabilities present before they entered the service.

There are at present one hundred and seventy-three nurses in the corps, distributed as follows: United States, forty-eight; Cuba, six; Philippine Islands, ninety-three; on transports, fifteen; on waiting orders, eleven.

ILLINOIS

VISITING NURSES' ASSOCIATION OF CHICAGO

Miss Harriet Fulmer, superintendent of nurses of the Visiting Nurses' Association of Chicago, is a native of New York City. She entered St. Luke's Training-School for Nurses, Chicago, in 1892, and from the first she gave evidence of special aptitude for the profession she had chosen. During the World's Fair she served as pupil nurse under Dr. John Owens in the hospital on the Fair grounds. In 1896 she graduated from St. Luke's and went into private duty for one year.

Although eminently successful in her work, Miss Fulmer found the limitations of private duty irksome to her, and at the end of the year she accepted a position as district nurse in the Visiting Nurses' Association. This opened a field of work particularly suited to her abilities, and for two years she served, with great credit to herself, as district nurse.

At the end of that time Miss Fulmer accepted the position of superintendent of nurses in the same association, and still holds that position, to the great satisfaction of all connected in any way with her work.

Although rather fragile in appearance, Miss Fulmer possesses a fund of energy which is seemingly inexhaustible. She labors early and late,



MISS HARRIET FULMER

Delegate of the Visiting Nurses' Association of Chicago

and there is no detail of the work which is too small to command her personal attention.

Her discipline is kind, though firm, and her words always receive the consideration they merit.

Since Miss Fulmer has been superintendent the staff of nurses has increased from eight to fourteen, and she has also a staff of twenty-five emergency attendants under her supervision. She is careful and methodical in her office work and untiring in her attention to every department of her work. The Visiting Nurses' Association feels that a great part of the reputation of which it is so justly proud is due to the ability, good sense, and wise judgment of Miss Fulmer.

The Visiting Nurses' Association was organized in December, 1897, as the outgrowth of an individual work in district nursing that had been carried out for three years by Mrs. Charles S. Hanks, as a memorial to her mother. Five officers and a board of twenty-seven women as directors were elected, and two nurses were engaged to carry on the work.

In November, 1890, the association was incorporated and its object —"for the benefit and assistance of those otherwise unable to secure skilled assistance in time of illness, and to establish and maintain one or more hospitals or a home for the accommodation or training of nurses"—was clearly defined.

Thus far all its energies have been devoted to the care of the sick in their homes. The association is supported entirely by voluntary contributions. It has an associate membership of nearly three hundred, with a fee of five dollars per annum. A number of the nurses are supported by friends of the association as a beautiful memorial to the dead.

There are now fifteen nurses, graduates from representative training-schools of the country, on the staff of nurses, and a corps of twenty-five women, called emergency attendants, who work under the supervision of the district nurses. The association is non-sectarian and works in sympathy with the charities of the city, and is in intelligent coöperation with the City Board of Health, the Relief and Aid Society, the Bureau of Charities, the College Settlements, and the various philanthropic organizations of the city. The members of the nursing staff consist of a superintendent of nurses, an assistant nurse, and thirteen district nurses. The city is divided into districts, and each nurse reports twice a day to a certain drug-store in her district to get her telephone calls of cases. The superintendent of nurses visits every new case that is reported and has charge of the office. In these duties she is aided by the assistant nurse.

In the rules of work for the nurses special emphasis is laid upon

the instruction in the care of cases to be given to those about the patient. Careful practical lessons in cleanliness, hygiene, and feeding are given by the nurses to those whom they visit.

Every case that can be sent to a hospital is sent. The association gratefully acknowledges the unfailing readiness of the hospitals to receive their cases.

A nominal sum, usually ten cents, is charged to all those who can afford to pay, and although these cases are a very small minority of the cases cared for, still the association receives a small income from this source. It feels, however, that the increased self-respect of those who have paid for what they have received, and are not, therefore, objects of charity, is a distinct step upward in the path of higher living.

The Visiting Nurses desire not only to cleanse and cure the bodies, but the minds and souls and lives of those with whom they come in contact. They can thus become a powerful factor for good in the community. During the year 1900 over five thousand cases were cared for by the Visiting Nurses.

ALUMNÆ ASSOCIATION OF ST. LUKE'S TRAINING-SCHOOL, CHICAGO

St. Luke's Alumnæ Association was organized November 27, 1895, to succeed the St. Luke's Blue Cross Association, founded by Miss K. Lilla Lett, a former superintendent of that hospital. Mrs. Edward Buell Hutchinson was elected president at the first annual meeting in January, 1896, serving for one year, the membership for this year consisting of twenty-nine active and two honorary members.

The second annual meeting was held January 6, 1897, when Miss Mary Forbes was elected president. During this year eighteen active members were added to the society.

On January 6, 1898, Miss Harriet Fulmer was elected president, and during her incumbency the membership was increased by twelve active and two associate members. During this year the society was incorporated and a constitution adopted.

At the annual meeting held in January, 1899, Mrs. William Cuthbertson was elected president and has filled that office to the present time. Under her presidency the membership has increased to one hundred and fifteen active and thirty-two associate members, the constitution has been revised, the method of according relief to sick members has been changed, and a plan devised to raise five thousand dollars as a permanent endowment fund for sick-relief for the association.

During the year 1900 St. Luke's Alumnæ made the greatest increase in membership of any association belonging to the National Alumnæ. Each year since its inception monthly lectures have been delivered before the association by some prominent medical man on a subject interesting and beneficial to the nurses. At present St. Luke's Association is one of the most flourishing and enthusiastic of training-school organizations.

MICHAEL REESE HOSPITAL, CHICAGO

THE delegates to the Congress from the Michael Reese Nurses' Alumnæ Association are MISS MARGARET TOOKER, MISS CLARA KOCH, and MISS BESSIE STEELE.

The society was organized in 1899, with Miss Nourse as president, who still holds that office. There is a membership of fifty-one.

MARY THOMPSON HOSPITAL NURSES' ALUMNÆ, CHICAGO

THIS society will send a delegate, but has not sent her name or a history of the society.

ILLINOIS TRAINING-SCHOOL NURSES' ALUMNÆ

MISS SARA M. DICK, a Canadian by birth, graduated in 1895. She was head nurse during her last year in the Training-School, and has been doing private nursing very successfully since.

MISS HELEN SCOTT HAY graduated in 1895, was also head nurse during training, and has been doing private duty and filling the position of head nurse in Iowa and California hospitals since graduation.

The Alumnæ Association of the Illinois Training-School for Nurses was organized September 31, 1891. Miss Phebe Brown, of the Class of '83, was elected president. At the present time the association has a membership of two hundred and forty-three. Meetings are held on the first Thursday of each month (except July and August), and a regular course of study is carried on. The work done for the past two years has been a modification of the course of study prepared by the National Association. Two social meetings are held each year, one an afternoon tea at "The Home," the other a banquet at one of the down-town hotels, at which the members of the graduating class are guests.

The association has endowed a room at the Presbyterian Hospital

for the use of sick members, and has also a sick-benefit fund with which to care for out-of-town members and others who cannot be taken to the hospital. Burial expenses of deceased members are paid by the association if necessary. The officers—president, first and second vice-presidents, secretary, and treasurer—are elected for one year.

MARYLAND

THE JOHNS HOPKINS ALUMNÆ, BALTIMORE

Miss Anna Rutherford is an American, a graduate of the Johns Hopkins Class of '91, and this year president of the Alumnæ Association. Miss Rutherford since her graduation has spent two years at work on the Continent, three years in charge of wards and as night superintendent in the Johns Hopkins Hospital, six months in the Nurses' Settlement, Henry Street, New York, and one year most successfully in charge of the hourly nursing work in Baltimore. Miss Rutherford now holds the position of general secretary of the Henry Watson Children's Aid Society, Baltimore.

Miss Ada Carr is an Englishwoman, a graduate of the Johns Hopkins Class of '93. Miss Carr spent the four years following her graduation in the Johns Hopkins Hospital, first as head nurse of a private ward, and the succeeding three years as assistant superintendent, since when she has been head nurse of the Visiting Nurses' Association in Baltimore City. The visiting nursing work during the past four years, under Miss Carr's fostering care, has grown to be widely known and greatly appreciated. Miss Carr is a past president of the Johns Hopkins Alumnæ Association, as well as one of its most earnest active members.

Miss Lucy Ashby Sharp is a Virginian, a graduate of the Johns Hopkins Class of '92, after which she filled the position of assistant superintendent in the Kingston General Hospital, Canada. She then returned to the Johns Hopkins Hospital, where she remained for four years as head nurse of various wards and of the general operating-room. Miss Sharp left the hospital to enter the army service in June, 1898, where she served with distinction as head nurse on board the hospital ship Relief. She was discharged from the service because of illness, and since her recovery has been in charge of a general hospital in Danville, Virginia.

Miss Virginia Rice comes from St. Paul, Minnesota, and is a graduate of the Johns Hopkins Hospital, Class of '99. Since her graduation she has been head nurse at the hospital, and is now very successfully doing private nursing in Baltimore.

The Alumnæ Association of the Johns Hopkins Hospital was organized immediately upon the graduation of the second class, with Miss Helen Barnard as its first president.

The first meeting was held at the Training-School, June 3, 1892, at which there was an attendance of twenty-five graduates of the Classes of '91 and '92.

The association was at once incorporated according to the laws of the State, thereby being enabled to hold property as an association. The word "Vigilando" was adopted as its motto, and as a badge a Maltese cross bearing the colors of the Johns Hopkins University in blue and black enamel on a background of gold, with the letters "J. H. H." in the centre, and on the back the year of graduation and the motto. The association had as its objects "the promotion of unity and good feeling among the alumnæ, the advancement of the interests of the profession of nursing, and also of providing a home for its members, and of making provision for them if ill or disabled."

Any graduate who had completed her time in the hospital and obtained her diploma was eligible to membership in the association upon payment of an initiation fee of one dollar, an additional two dollars annually, and upon signing the constitution.

During the first year much painstaking thought, time, and energy were devoted to the work of organization, so that at the first annual meeting the officers reported a charter secured, by-laws adopted, and a building fund, as well as a fund for sick nurses, established. The sum of money which formed a nucleus for the building fund was contributed by the first board and officers of the association, with a view of insuring in the future a home for aged and infirm members; at the same time an honorary member very generously contributed a nucleus for the benefit fund.

The first annual meeting was held June 3, 1893, at the hospital, through the courtesy of the trustees, who very cordially invited the association to hold its annual reunion at the hospital not only then, but in perpetuity. Since then the large annual increase in membership is due to the fact that each class joins as a whole immediately upon graduation. The alumnæ now numbers two hundred and thirty-four members.

It has been the aim of the association to let no year pass unmarked by at least one achievement or departure to attain or develop a new line

of usefulness either internal or external. Its most apparent or noteworthy efforts have been:

In 1895, the establishment of the Johns Hopkins Nurses' Club, which was made possible by the kindness and generosity of non-professional friends of the association. The Club-House is the property of the association, and is at once a club and home for all association members, a place of residence for nurses in Baltimore engaged in work not institutional, and a foundation on which it is hoped to establish the home for old, infirm, and sick nurses when needs and means permit such expansion. The registry is at the Club-House, and one of the graduate nurses is resident there as housekeeper and registrar.

In 1897, the association recognizing the need for providing some system of nursing for people of moderate means, one of the nurses volunteered to undertake the work for a year. The money necessary to maintain the work until it became self-supporting was provided through a "memorial fund" created for that purpose. This work of visiting as hourly nursing is under the control of the Board of Directors of the association and is now securely established on a self-supporting basis.

In 1898 the registry, which had hitherto been exclusively a Johns Hopkins' nurses' registry, was thrown open to all nurses in good standing in their own association, thus tending towards a "broader professional fellowship."

In 1901 a library is to be established in connection with the Club-House. It is proposed that this shall contain permanent records of all transactions of nursing societies, also of affiliated societies, foreign and home, also professional and technical literature, together with works upon allied subjects.

Since its organization the association has endeavored not only to broaden its own work, but has also taken an active interest in all professional questions that have arisen outside its own immediate scope. It united with other bodies to form the National Association of Nurses. It has also joined the Maryland State Federation of Women's Clubs, hoping by this means that its nurses would be brought in touch with the great body of women workers at home and abroad. The association has also endeavored to promote the interest of THE AMERICAN JOURNAL OF NURSING by becoming a stockholder. It has also at heart the interest of the recently established course in hospital economics at Teachers' College, Columbia University, New York, to which, during the past year, it has given some material encouragement.

The association publishes an Annual Report, and this year hopes to publish in addition a quarterly magazine such as it has seen so successfully issued by some of its fellow-associations.

MARYLAND HOMŒOPATHIC HOSPITAL ALUMNÆ, BALTIMORE

Miss R. I. Albaugh, president of the Alumnæ of the Maryland Homœopathic Hospital Training-School, represents the society at the Congress. She is a graduate of the Class of '96, and one of the charter members. Miss Albaugh has done but little private work, as she has been superintendent of the Barnard Sanatorium for four years.

The Alumnæ of the Maryland Homœopathic Hospital was instituted in the year 1897, with but nine charter members, for the purpose of forming a sick-benefit for nurses and to furnish an alumnæ room at their alma mater.

At the present date they have twenty-one members, and have added to their original work a Nurses' Directory, a summer course of lectures for the under-graduates by the graduates, and a winter course of educational lectures to which the laity as well as nurses are invited. The subject of a settlement is being agitated.

MASSACHUSETTS

NEW ENGLAND HOSPITAL NURSES' ALUMNÆ

Miss Linda Richards, delegate from the New England Hospital Nurses' Alumnæ Association, was the first woman to graduate from a training-school in the United States, her diploma from this hospital bearing date September 1, 1872. Miss Richards has been almost continuously engaged in training-school work since that time, and at present holds the position of superintendent of nurses of the Taunton, Massachusetts, Insane Hospital. She has wielded a great influence in the training-school work of this country.

Miss Richards is a New England woman of commanding appearance and great force of character, combined with gentleness and infinite tact. (A full sketch of her professional work was given in this Journal in the October, 1900, number.)

On October 15, 1898, ten graduates of the New England Hospital Training-School for Nurses met in the directors' parlor at the hospital for the purpose of organizing the Alumnæ Association. Miss C. D. Noyes, superintendent of nurses, was introduced by Miss Dillet and took the chair. Miss Dillet read a paper upon the advantages socially, professionally, and financially of an alumnæ association.

Dr. Grace Wolcott offered suggestions and did much to bring about the present condition of things.

Miss Noyes was elected to hold the chair until the association numbered twenty-one, and Miss Dillet as secretary and treasurer. A constitution was adopted.

The next meeting was held November 12, the society having a membership of twenty-three. Miss Linda Richards was elected the first president and Dr. Grace Wolcott vice-president. For many months Miss Noyes, Dr. Wolcott, and Miss Dillet carried on the entire work of the association. Feeling the necessity of a registry, the association formed a committee on the ways and means of conducting a registry, and the following year, March 13, found it with a well-organized registry under the able guidance of Miss Noyes as chairman.

On May 29, 1900, Miss Richards, Miss Dillet, Miss Moran, Miss B. Griffin, Mrs. Emma W. Smith, Miss Beulah B. Walker, Mrs. Louise B. Verette, and Miss Anna M. Cleary met before a justice of the peace for the purpose of incorporation, and by June 21 the society was incorporated under the seal of the Commonwealth. It was admitted to the Nurses' Associated Alumnæ of the United States as an associate member May, 1900.

The outgoing class of each year has been entertained by the association.

The membership consists of representatives of classes from 1873 to 1900, and two of the founders of the hospital as honorary members. To-day the society enrolls seventy-five members.

MASSACHUSETTS GENERAL HOSPITAL NURSES' ALUMNÆ, BOSTON

Miss Pauline L. Dolliver graduated from the Boston Training-School connected with the Massachusetts General Hospital, Boston, in 1889. She had charge of the Training-School at St. Luke's Hospital, Utica, New York, from 1892 to 1894, and was assistant superintendent of the Training-School at the Presbyterian Hospital, New York, from 1897 until her appointment in 1899 to her present position as superintendent of the Massachusetts General Hospital Training-School.

Miss Mary L. Keith, delegate from the Massachusetts General Hospital Alumnæ Association, is a recent president of that body.

After four years of hospital work, followed by six years of private nursing, she took charge of the Post-Graduate Training-School con-

nected with the Boston Lying-In Hospital, which position she held five years. On June 1 of the present year she assumed the duties of superintendent of the Rochester City Hospital and Training-School for Nurses, one of the most important executive positions held by a nurse in this country.

Miss Jane F. Riley was born in Dedham, Massachusetts. She graduated from the Boston Training-School for Nurses attached to the Massachusetts General Hospital in 1888, remained in the hospital as head-nurse until 1890, and has since been engaged in private work in Boston and vicinity. She is a charter member of the Alumnæ Association, and has always been interested in all progressive movements for the benefit of nurses.

A meeting of the graduates of the Boston Training-School for Nurses attached to the Massachusetts General Hospital was called at Hotel Thorndike, Boston, on February 14, 1895, for the purpose of organizing an alumnæ association. This action was largely due to the efforts made by Miss Mary E. P. Davis and Miss Sophia F. Palmer. Miss Davis called the meeting to order, and Miss M. B. Brown, superintendent of the Boston Training-School, was elected president by acclamation. A committee was appointed to draft a constitution, and an Executive Committee appointed, consisting of the following-named: President, Miss M. B. Brown; vice-president, Miss Alice O. Tippet; secretary, Miss Florence F. Rice; treasurer, Mrs. Dita H. Kinney. Eighty-one charter members were enrolled, among them many women who were then, or have since become, prominent in the nursing world, and of whom the profession is justly proud. Miss Linda Richards and Miss Anna C. Maxwell, former superintendent of the school, are distinguished honorary members.

At first three meetings only were held each year. These were made interesting by papers read by members of the alumnæ or by someone outside the profession whom the nurses had invited. It was decided early in the history of the association that a suitable badge should be designed to be worn by all members who chose to avail themselves of this distinction. The badge is of white and gold; the design is a modification of the State seal, the Indian on a white shield forming the prominent feature. At the annual meeting of 1898 Miss Blanche Thayer was elected president, in place of Miss M. B. Brown, resigned.

Courses of study have been provided by the alumnæ during the past two years, and the innovation has met with success, as attested by the large number attending classes and lectures. A course upon "Parlia-

mentary Law" was most interesting as taught by Mrs. Shattuck. This was followed last year by a course on "Sociology," which took the form of a series of five lectures, as follows: "Associated Charities," Rev. F. W. Hamilton; "College Settlements," Miss Dudley, of Denison House, Boston; "Work Among the Sailors," Rev. W. T. Crocker; "Charity and Children in Boston To-day," Mr. Charles W. Birtwell, of the Children's Aid Society, and "The Nurses' Settlement in New York," by Miss May Brown. These lectures were held in the old amphitheatre in the dome of the Massachusetts General Hospital. The historic associations of the place lent interest to the lectures, and to be seated in the old amphitheatre seats once occupied by the spectators on the memorable occasion when ether was administered for the first time was an experience enjoyed by the alumnæ and the lecturers as well. The members of other alumnæ of Boston and vicinity were invited.

The constitution was revised this year. The name of the association was changed, and it is now called the "Alumnæ Association of the Boston and Massachusetts General Hospital Training-School for Nurses."

It was decided to hold seven meetings, besides the annual meeting, each year. This was thought wise because of the increased interest in the alumnæ during the last year. The meetings are well attended, and the educational work lately undertaken has given a real fillip to the enthusiasm of the alumnæ for its association. The president elected at the last annual meeting was Miss Mary L. Keith, now resigned to take up the work at the Rochester, New York, City Hospital. The alumnæ now numbers nearly two hundred members.

THE BOSTON CITY HOSPITAL NURSES' ALUMNÆ

At the last annual meeting the election of delegates to the Congress of Nurses formed an important feature of the business proceedings of this society.

Miss Lucy L. Drown, Class of '84, the first president of the association and long connected with the Boston City Hospital as matron and superintendent of nurses, was elected chairman of the delegation. The others, in order of election, are as follows:

Miss Flora E. Welsh, Class of '86, who was connected for many years with the Instructive District Nursing Association of Boston.

Miss Emily O. Boswall, Class of '88, whose experience has been varied by both hospital and private nursing.

Dr. Laura A. C. Hughes, of the Class of '82, a woman prominent in the order of Spanish-American War Nurses.

At the close of a meeting of the Boston City Hospital Nurses' Club, on February 4, 1896, the graduates were invited to consider the advisability of forming an alumnæ association. About fifty graduates remained to discuss the purpose of the association. Two committees were appointed. On Nominations—Mrs. Mary Griswold, Class of '81; Dr. Laura A. C. Hughes, Class of '82; Miss Delia Knight, Class of '91. On the Constitution—Miss Emily O. Boswall, Class of '88; Miss Lucetta J. Gross, Class of '91; Miss Emma T. Eliott, Class of '92.

The association was formally organized April 28, 1896, with one hundred and one members, which number has increased until the roll now contains two hundred names. Miss Lucy L. Drown, Class of '84, was chosen president. The first annual meeting was held June 2, 1896.

The object of the association is not especially educational, but rather to promote fellowship among its members, to advance the interests of the nurse's calling, and for mutual help and comfort in times of illness, discouragement, or misfortune. The association is accumulating money to endow a bed in the Boston City Hospital which shall be free for its graduates when ill.

The educational branch of the work for graduates and pupils of this hospital is under the management of the Boston City Hospital Nurses' Club, which was organized years before the feasibility of alumnæ associations was considered.

The business of the Alumnæ Association is done largely by the Executive Committee, which consists of the officers of the association and twelve members. An important work is done by the Visiting Committee. Each of the twelve members acts as a visitor for two months in the year. The visitor calls on any member who is ill or in trouble, bringing sympathy and cheer or more substantial aid if necessary.

The annual meeting, which is held the first Tuesday in June, is the one business and social occasion of the year. It opens with the roll-call, following which are reports from officers and committees, election of officers for the ensuing year, and any other business that demands the attention of the association, and closes with letters from absent members.

MASSACHUSETTS HOMŒOPATHIC HOSPITAL ALUMNÆ

Miss Adelia Belle Cheney, the delegate of the Massachusetts Homœopathic Hospital Training-School Alumnæ, is from New Hampshire, and was graduated in December, 1896. She has spent her time

since graduation partly in doing district nursing in connection with the hospital obstetric service and in private duty, largely in her own town. She is an enthusiast over her work and has been very successful.

The Alumnæ Association of the Massachusetts Homœopathic Hospital Training-School for Nurses was inaugurated May 30, 1895. The organization started with twenty-four members, and now numbers seventy-nine. Meetings are held monthly, with the exception of the months of July and August. There is a course of lectures, and a sick-fund has been established. An annual dinner is given each year at the Hotel Vendome, Boston.

PITTSFIELD GRADUATE NURSES' ASSOCIATION

Mrs. A. W. Woodworth, Class of '96, of Flatbush, New York, is the delegate from the Henry W. Bishop, 3d, Training-School, of Pittsfield, Massachusetts. Mrs. Woodworth is also a graduate from the Brooklyn Maternity Hospital Training-School for Nurses, and did private nursing for two years before her marriage. Mrs. Woodworth is actively interested in the welfare of the Nurses' Association.

The Graduate Nurses' Association of Pittsfield, Massachusetts, was incorporated under the laws of Massachusetts in December, 1894, with seven charter members. Its object is to establish a fund for the care and support of members of the corporation when sick or unemployed in case of need, and the general promotion of the interests and welfare of nurses who are graduates of the Henry W. Bishop, 3d, Memorial Training-School for Nurses. A business meeting is held on the first Wednesday in June of each year. Other meetings are called during the year for the transaction of business and for social intercourse.

The first president was Miss Mary Seymour (now Mrs. Legg), who held that office until 1900. In 1898 the members of the association decided to raise a fund for the building of a Graduate Nurses' Home, which by the efforts of the members and gifts from friends has now reached five thousand dollars. A desirable building-lot has been given to the association by Mr. and Mrs. Solomon N. Russell, of Pittsfield, and it is now expected that the building will be commenced soon. The present membership is forty-eight.

GUILD OF ST. BARNABAS

Miss Alice O. Tippet, representing the Guild of St. Barnabas at the Congress, is a graduate of the Training-School of the Massachusetts

General Hospital, Boston. Miss Tippet is by birth a Canadian. She has for many years been the superintendent of the Good Samaritan Hospital for Incurables, Boston, and the editor of the *News-Letter,* the official organ of the society.

At various epochs there have been sisterhoods and kindred organizations of women to care for the sick, train the young, and relieve poverty. Nearly all of these have been tinged with asceticism. Their membership is recruited by those who renounce social intercourse with their kind, and devote themselves wholly to the religious life.

The Guild of St. Barnabas enjoys a milder rule. Its objects are twofold,—religious and social.

Its founder, with singular prescience, drew upon *three* sources of power.

The active members—the nurses—are women selected by a course of intelligent training, who practise the art of healing as a profession. They are adepts, the survivors of a stern novitiate. The associate members are women engaged in all the social activities of the time. They touch the world at many points of contact. These two elements are linked together not only by the unwritten law which enjoins, as by the rule of Masonry, that one member of the guild shall not fail to help another in distress, but also by the social gatherings, which form a prominent feature in the activities of the guild. The medical associates are physicians in active practice. They learn to know their valued coadjutors at the sick-bed, and in turn afford to these the aid of their higher knowledge.

With these features alone the guild would be merely a social club with benevolent aims. But the "Rule of Life" (the simple obligation taken by each member) and sympathetic religious exercises pervade and interpenetrate with a lively faith all the workings of the guild. The priests' associate, and especially the chaplains, are the compass and pilots of the organization.

It was founded in the early eighties by a Boston clergyman. It now has twenty-five branches and a membership of over seventeen hundred. The branches are in the following cities:

Boston, Massachusetts; Brooklyn, New York; New York, New York; Philadelphia, Pennsylvania; Pittsburg, Pennsylvania; St. Louis, Missouri; Utica, New York; Hartford, Connecticut; Orange, New Jersey; San Francisco, California; Washington, District of Columbia; New Haven, Connecticut; Duluth, Minnesota; Minneapolis, Minnesota; Elmira, New York; Fall River, Massachusetts; Newark, New Jersey; Chicago, Illinois (Grace Church); Chicago, Illinois (Trinity

Branch); Providence, Rhode Island; Sandusky, Ohio; Norfolk, Virginia; Syracuse, New York; Newport, Rhode Island; Asheville, North Carolina; so that the nurse who wears the badge will find friends in many places.

The *News-Letter,* a monthly publication, is the organ of the guild, and is supported by the branches in proportion to their membership. The annual dues (one dollar) cover the running expenses, including subscription to the *News-Letter.*

The present officers are as follows: Chaplain general, Rt. Rev. Cortlandt Whitehead, D.D., Bishop of Pittsburg; general secretary, Mrs. Camillus G. Kidder, 76 Highland Avenue, Orange, New Jersey; general treasurer, Miss Frances A. Jack, 6 McLean Street, Boston, Massachusetts; editor *News-Letter,* Miss Alice O. Tippet.

Each branch has its independent organization, but matters of common concern are regulated by the General Council, which meets annually in the fall. The next meeting will be held at Chicago in November, 1901.

MICHIGAN

GRACE HOSPITAL NURSES' ALUMNÆ, DETROIT

Miss Mattie McFadden is the delegate from the Nurses' Alumnæ Association of Grace Hospital, Detroit, Michigan, and is the president of the society.

Meetings are held monthly in the parlors of the Nurses' Home. The association subscribes liberally to the District Nursing Society of Detroit. It gives financial aid to members when needed, and arrangements are completed for the establishment of a sick-benefit fund at the beginning of the next fiscal year. The association has now seventy members.

MINNESOTA

ST. LUKE'S HOSPITAL ALUMNÆ, ST. PAUL

Miss Mary Wood, delegate from St. Luke's Hospital Training-School for Nurses, St. Paul, Minnesota, is a Canadian by birth, her home being in Ottawa. She graduated in January, 1895, and has since been engaged in private nursing in St. Paul. Miss Wood has been the able secretary of the Alumnæ Association since its organization.

In September, 1896, eight graduates of St. Luke's Hospital Training-School for Nurses met and formed an alumnæ association and drew up a copy of by-laws and a constitution. The association was incorporated. The first president was Emma Inman (Class of '95), who, after one year of active work, fell a victim to consumption, and died in May, 1897. The alumnæ placed a marker over her grave with the class motto, "*Fidelus ad Mortem,*" engraved on the stone. The society has grown in numbers, having now seventy-five names on the roll.

A Club-House for St. Luke's graduates has been started which accommodates twenty nurses. The meetings are held there. This year the alumnæ gave a reception to the members of the graduating class of 1901. Preceding the reception the graduates, with about fifteen others, went to Fort Snelling, Lake Como, in a tally-ho.

There were seven graduates in this year's class. The parlors of the Club-House were decorated in the alumnæ colors, red and gold. The entertainment included music, dancing, and refreshments.

The society was admitted to the Associated Alumnæ this year. A sick-fund has been started, one-fourth of the yearly dues being set aside for that purpose.

NEW JERSEY

PATERSON GENERAL HOSPITAL ALUMNÆ

Miss M. J. Stansfield, of Fleetwood, Pennsylvania, delegate from the Alumnæ Association of the Training-School for Nurses of the Paterson General Hospital to the Congress, is a graduate of the Class of '89. Miss Stansfield afterwards took a post-graduate course at the Woman's Hospital, New York City, and after doing private nursing for several years she accepted the position of pharmacist at the Paterson General Hospital, which position she held for four years, giving it up to care for an invalid mother. Miss Stansfield is a charter member of the Alumnæ Association and has always been an earnest and interested worker.

The Alumnæ Association of the Training-School for Nurses of the Paterson General Hospital was organized June 14, 1895, Miss Margaret Orr, superintendent of the school, calling the first meeting.

A benefit fund for sick members was established the first year. During the second year the association was incorporated under the State laws and a crest and motto adopted. In 1898 it was admitted to membership in the Associated Alumnæ. In 1899 the registry for nurses came under control of the Alumnæ Association.

The membership has increased each year, nearly all graduates of the school becoming members.

ORANGE TRAINING-SCHOOL ALUMNÆ

Miss Bertha Gardner, for the second year elected president of the society, is the delegate chosen to represent the Orange Training-School Alumnæ at the Congress. Miss Gardner graduated from one of the earliest classes, 1877, and after some private work in the neighborhood of Orange she left with two other graduates for the West, and settled for a time in California. Being recalled to her home, she took the position of night nurse in the Memorial Hospital, a position she filled most efficiently. Resigning that after some time, she returned to her own home in Newark, and has continued her private work from there. She has always been a most earnest worker in the association and a regular attendant at meetings. She was elected second vice-president in the first list of officers.

It was chiefly through the untiring efforts of a few graduates of the Class of '92 that the Alumnæ Association of the Orange Training-School for Nurses was organized, aided by the experience of Miss A. A. Hintze, then superintendent of the Training-School, who was elected president at the first general meeting, held in the Training-School parlors, December 5, 1895. Forty-two members were then enrolled, a constitution, by-laws, and code of ethics being formulated in the course of the year. It became one of the early objects of the society to join the National Alumnæ Association, and for that purpose a petition was drawn up and presented to the Board of Governors to extend the course of training from two to three years. To the regret of all, the request was refused on financial grounds. It was therefore a matter of universal congratulation when, a few years later, this matter was found possible, and it became an accomplished fact in January, 1900.

Its numbers have steadily increased, and it now has seventy-six members. It has been the purpose of the older members to enlist the interest of the younger classes and to put before them the advantages of concerted action and united efforts, each new class supplying a few new members. It has been endeavoring for some years to coöperate with the joint committees on the isolation hospital plan so urgently needed in the Oranges, but so far municipal authority has withstood every kind of effort, and the Orange nurses still stand defenceless in the midst of contagion. Strenuous efforts are at this moment being made to induce the Board of Governors of the Memorial Hospital to allow some such

building to be erected on their grounds for nurses only, and the results of the efforts are being anxiously watched for by the members of the Nurses' Association.

ST. JOSEPH'S HOSPITAL ALUMNÆ, PATERSON, NEW JERSEY

Miss Isabel Macdonald, delegate from St. Joseph's Hospital Training-School Alumnæ, of Paterson, New Jersey, Class of '98, is engaged in private work in that city.

The society was formed in 1897.

NEW YORK

BELLEVUE HOSPITAL NURSES' ALUMNÆ ASSOCIATION, NEW YORK CITY

The Alumnæ Association of the New York Training-School for Nurses attached to Bellevue Hospital, New York City, sends three delegates to the Congress.

Miss Lavinia L. Dock, honorary secretary of the International Congress of Nurses and secretary of the American Society of Superintendents of Training-Schools for Nurses, is a graduate of the Class of '86.

Miss Dock has done district nursing work, emergency work during a yellow-fever epidemic in Jacksonville, Florida, and at the scene of the Johnstown flood, hospital work as assistant superintendent of nurses at the Johns Hopkins Hospital, Baltimore; superintendent of nurses at the Illinois Training-School, Chicago, and is now a resident of the Nurses' Settlement in New York City. She is perhaps best known to the nursing public as the author of "Materia Medica for Nurses" and "Short Papers on Nursing Subjects," and as the able editor of the "Foreign Department" of The American Journal of Nursing. She has been one of the most active promoters of the Congress, and has done an inestimable amount of hard work to make it a success. Miss Dock's home is in Harrisburg, Pennsylvania.

Miss Annie Schenck is a graduate of the Class of '92, remaining as head nurse in "Ward 20" for six months after graduation, and holding a similar position for a brief term at a sanatorium in Rome, Georgia. Her work has been chiefly that of a private nurse in New York City. She is an earnest and active worker along all lines tending to the advance-

ment of the nursing profession. She was a delegate to the Associated Alumnæ in 1898, and is now for the second year president of the Alumnæ Association.

For six weeks in the spring of 1898 she was assistant manager of the Nurses' Exhibit held in New York City, doing most efficient work.

Miss Annie Damer, a graduate of the Class of '85, is one of the Board of Women Managers of the Pan-American Exposition, and is a member of the Committee on Applied Arts. She is president of the Trained Nurses' Association of Buffalo. Miss Damer was born in Canada. She was educated at a private school in Toronto, and after graduating as a nurse she took the course in the women's law class in the University of the City of New York, and spent some time in the Nurses' Settlement and in the School of Practical Philanthropy. Miss Damer is now engaged in active work in the Charity Organization Society of Buffalo. Until this year she has been chairman of the Educational Committee of the Associated Alumnæ. She was chairman of the Committee on State Organization and chairman of the Committee on Arrangements of the Congress of Nurses, and it is largely owing to her efforts that the housing of so many delegates and the arrangements for the meetings are due. It will thus be seen that Miss Damer is a woman of experience and ability, devoting her time to furthering the interests of her profession.

The New York Training-School attached to Bellevue Hospital was started in 1873, its first class of six graduating two years later. At the annual reception of the school, January 7, 1889, a number of the graduates met to talk over the advisability of forming an alumnæ association, the object being to promote good-fellowship between its members, the establishment of an annuity fund, and the providing of friendly and pecuniary assistance to its members in sickness. The interest in the matter was so great that a meeting was soon called for the purpose of forming an organization and drawing up a constitution. The result of this meeting was that on April 2, 1889, Bellevue Alumnæ Association was organized with twenty-three members. The officers chosen were: Miss Agnes S. Brennan, president; Miss M. R. Boggs and Miss Alice Warren, vice-presidents, and Miss Sarah A. Post, secretary. At this meeting the constitution was adopted, each article being thoroughly discussed. Mr. John E. Parsons was appointed treasurer, and the trustees chosen were Bishop Potter, Mr. John E. Parsons, Dr. William Polk, Dr. C. C. Barrows, Dr. Jasper Garmany, Dr. F. S. Dennis, and Mrs. William H. Osborn.

At the end of the first year (1889) there were forty-eight members,

and each year the membership has increased until it now numbers one hundred and fifty. Miss Brennan was the president for eight years, and was followed by Miss Jean Hopkins, 1897, Miss Annie Rhodes, 1898-99, and Miss Annie Schenck, 1900-1901. The constitution has been twice amended, the first change being made in order to do away with insurance, and the second to abolish assessments in case of illness of members. The association was legally incorporated December 14, 1898, thus enabling it to own property in its own name. A large number of members are holding important positions all over the world; some are in Cuba, Porto Rico, Manila, South Africa, and Europe. There is a Sick-Visiting Committee, and all members when ill are called upon to cheer and encourage them, and render any assistance necessary in restoring them to health. A sick fund has been formed by the donation of five thousand dollars by Mrs. Morris K. Jesup in memory of her sister, Mrs. Theodore Cuyler, and called the "Mary De Witt Cuyler Fund;" into this fund each member pays annually four dollars. Miss Josephine Lazarus built and donated to the managers of the Bellevue Training-School a very comfortable and convenient little pavilion of five rooms, called "Lazarus Pavilion," for the use of their graduates when ill. In 1899 an annuity fund was started; it now amounts to a little more than fourteen hundred dollars. A beautiful bronze medal was presented to this association for the excellency of its exhibit at the Nurses' Exhibit in New York City in May, 1898. During the past two winters this society has united with several New York City Alumnæ Associations for mutual improvement by lectures, clinics, entertainments, visiting various institutions, etc. Each winter it also has a course of lectures at its own alumnæ meetings. The association was a charter member of the National Alumnæ, and also, through its delegate, of the New York State Nurses' Society.

PRESBYTERIAN HOSPITAL ALUMNÆ, NEW YORK CITY

Miss M. M. Brown, delegate from the Presbyterian Hospital Training-School Alumnæ, New York, is a graduate of the Class of '97, and since then has been engaged in settlement work.

The Alumnæ Association of the Presbyterian Hospital Training-School was organized in May, 1895, with Miss F. A. Stone as president. The motto chosen was "*Labore et Scientia,*" the object of the association being to create and promote a common fellowship among graduate nurses; to advance in every way the interests of all graduate nurses; to provide a benefit or loan fund for its members when ill or otherwise in need, and to secure a permanent club-house for its members.

The association now has a membership of one hundred. The club-house has for five years been in a flourishing condition, and last year a second club-house was opened on the east side of the city.

Social meetings are held monthly from October to June, with general meetings every three months.

The past three winters the association has given a course of demonstrations in practical care of the sick, which have been well attended and very successful; the proceeds have been given to the benefit fund and the Nurses' Settlement.

NEW YORK HOSPITAL NURSES' ALUMNÆ

Miss Isabella J. Walton, Class of '95, was born in Toronto, Canada, where she is now living.

During the summers from 1895 to 1898 Miss Walton was chief nurse of the Floating Hospital of St. John's Guild, New York City. In September, 1898, when the Floating Hospital closed, she went to Fort Hamilton, Long Island, under the auspices of the Red Cross Society, Auxiliary No. 3. In October Miss Walton succeeded the late deeply esteemed Miss Ellen Wood as chief nurse at this post, and remained there as chief nurse until July, 1899, when she annulled her contract (being under contract with the United States Government from December 1, 1898). In October, 1899, she again entered into contract with the United States Government and went to Fort Columbus, Governor's Island, as chief nurse, where she remained until May, 1900, when she was transferred to Washington, D. C., to the School of Instruction for Hospital Corps Men, at Washington Barracks. Here she instructed large classes of "corps men" in dietetics and practical nursing. In December, 1900, Miss Walton was again obliged to annul her contract, owing to home bereavements. She returned to Toronto, where she now carries on successfully private classes in practical nursing and invalid cooking. Miss Walton is one of the vice-presidents of the Spanish-American War Nurses.

In September, 1893, forty-seven of the graduates of the New York Hospital Training-School for Nurses met to discuss the advisability of forming an Alumnæ Association. The association has grown rapidly, and now numbers two hundred and sixty-nine members. In 1894 a fund was established for the relief of sick nurses.

Recognizing the need of a social and professional centre for the graduates of the school, the association in 1898 decided to open a club-house. The membership grew so rapidly and so substantially that one of the adjoining houses was rented the following year, and it also was soon filled with nurses. The club has been a success professionally, socially,

and financially, but the houses are not well fitted for the purposes of the club, and it is hoped that in the near future a suitable building will be erected. There are now one hundred and twenty-five club members.

Early in the present year the association was incorporated and the constitution and by-laws revised. The members of the association are anxious to advance, not only along professional lines, but in every way that will bring them into closer touch with other women and their work. They have under consideration the establishment of a fellowship in the Nurses' Settlement; by that means, a nurse representing the school may work in the poorer homes of the city, bringing not only physical comfort to the sick there, but also offering the friendship that is often of much greater value. During the past winter the association furnished three singing lessons weekly for the Uptown Branch of the Nurses' Settlement. These lessons gave the boys and girls beautiful songs to replace those of the neighborhood, many of which are demoralizing.

In many other ways the association is awakening to the fact that it is a privilege to observe the spirit of the hospital motto, "Go and do thou likewise," and while seeking personal improvement, will try not to ignore the claims of those whom we should call "neighbors."

NEW YORK CITY TRAINING-SCHOOL ALUMNÆ

Miss Burr, delegate from the New York City Training-School Alumnæ, is a graduate of the Wesleyan University, having the degree of Ph.B. She has been president of the association for four years, and is now president of the Board of Trustees. She has been a very successful private nurse for fourteen years.

The New York City Training-School Alumnæ Association was organized in 1894, and incorporated the same year. The first president was Mrs. Florence Fenton, Class of '87. The association has enjoyed uninterrupted prosperity, and has a membership of one hundred and seventy-five, the annual dues being only one dollar.

There is a sick-benefit fund of over one thousand dollars, made up from the dues of life and honorary members and donations, to be used for needy members at the discretion of the Board of Trustees.

ST. LUKE'S ALUMNÆ, NEW YORK CITY

With unity as the incentive, sixteen graduates of St. Luke's Hospital, with the coöperation of Mrs. L. W. Quintard, then directress of the

school, met in Vanderbilt Pavilion of the Nurses' Home on May 27, 1897, to form an association "to promote the interests of St. Luke's Hospital Training-School; to raise the standard of nursing generally; to cultivate social intercourse among the alumnæ of said school; to assist the members of such corporation in obtaining professional employment; to aid them in promoting and protecting their rights and interests, and to provide a fund for the benefit of sick, infirm, and disabled nurses graduates of said school."

This meeting, as well as the one in the following June, was devoted to organization. Officers were elected, Miss M. K. Pierce being the first president, and the constitution was drawn up and accepted.

November 9, 1898, saw the association incorporated under the name of the Alumnæ Association of St. Luke's Hospital Training-School for Nurses. It was admitted to the Associated Alumnæ in April, 1900.

Regular meetings are held every three months, which are well attended, and every year witnesses a livelier interest displayed in its affairs and an increase of membership. It has reaped much of the fruit of its foundation, and expects eventually to realize that indifference—at least among its members—is extinct.

The delegate is Miss Isabel Evans.

THE NEW YORK POST-GRADUATE ALUMNÆ

Miss Sarah J. Graham, the delegate representing this association, of the first class graduated (in 1888), was the first superintendent of the Babies' Hospital of New York, and has been superintendent of nurses at the Mercer Hospital at Trenton, New Jersey.

This association was organized on Saturday, May 7, 1897, and on Tuesday, June 1, the constitution was read and adopted by eighty members.

The alumnæ opened the Club-House and registry at 143 East Thirty-fifth Street on Tuesday, November 1, 1898. In May, 1899, it became affiliated with the Associated Alumnæ of the United States, and has now a membership of one hundred and fifteen. The fact of the school having arranged a three-years' course and not graduating a class during two years has, of course, retarded the growth of the alumnæ, but there is every indication of a large and enthusiastic organization.

MOUNT SINAI HOSPITAL NURSES' ALUMNÆ, NEW YORK

(No delegate reported.)

The Nurses' Alumnæ Association of Mount Sinai Hospital was

organized in 1893 with Miss Jane Ryerson as the first president. It is now an incorporated society with ninety-five members. The annual dues are five dollars. Meetings are held monthly from September to June, and a sick-fund is maintained.

THE ROOSEVELT HOSPITAL NURSES' ALUMNÆ, NEW YORK

This association was organized November 5, 1899, with twenty-three charter members. It now has forty-five active members on the roll. Meetings were held monthly at first, but, as that was not encouraged by a fair attendance, the change was made to five meetings yearly, —three business and two social. The first president was Miss Anna Thompson, who was reëlected for a second term. It is the ambition of the society to be active in all movements pertaining to nursing progress, hence the effort to have every graduate on the roll. The society is considering the maintenance of an independent club-house, and a fund for sick nurses. The society will be represented at the Congress by Miss Elizabeth Burns.

LONG ISLAND COLLEGE HOSPITAL ALUMNÆ, BROOKLYN

Miss Anna Davids, representing the Long Island College Hospital Training-School Alumnæ, is a native of New York State and a graduate of the Class of '90. In succession she has had charge of the Training-Schools of Augusta City Hospital, Georgia; Waldeck Sanatorium, San Francisco, California; the Mary Fletcher Hospital of Burlington, Vermont, and of the Children's Homœopathic Hospital of Philadelphia, Pennsylvania. Miss Davids is at the present time not engaged in active work. She is a charter member of the New York State Nurses' Association, and one of the Committee on By-Laws of that society.

The Long Island College Hospital Alumnæ Association was organized April 17, 1895, thirty-six graduates being present. The object of the meeting was presented by Miss Ida L. Sutliffe, superintendent of the Training-School, after which a number of the nurses expressed the opinion that the establishment of such an organization would be greatly to their advantage and mutual benefit. The officers were then nominated and elected for the year, Miss Dobson being declared president.

After the meeting thirty-one nurses gave in their names for enrolment. The Executive Committee drew up a form of constitution and by-laws to be adopted by the association and to be voted upon at the next meeting. After having made a few changes in the articles they

were read, put to vote, and accepted. The monthly meetings proved to be very interesting, both from a social and nursing stand-point, many subjects of much importance being discussed.

At several of the meetings the necessity of having established a sick-fund was freely talked over, and on April 18, 1896, Miss E. G. Brown made the motion that a sick-fund be organized. The motion was carried, and a committee of five was appointed to take the necessary steps towards establishing such a fund, with Miss Brown as secretary-treasurer, and it has been largely owing to Miss Brown's excellent management that money has been raised for this purpose by means of a series of entertainments. The initiation fee to the society is one dollar, and the annual dues four dollars.

The "annual outing" is very much enjoyed. Each year a trip is taken to the seaside or to Prospect Park, where a luncheon is served. This "outing" is always a delightfully social occasion, the members making a special effort to attend.

The association is in a very prosperous condition, the relations of the members with the hospital are of a specially cordial nature, and the hospital doors are always open to those needing its care.

THE METROPOLITAN NURSES' CLUB OF NEW YORK CITY

The Metropolitan Nurses' Club of New York City, one of the most successful and prosperous nurses' clubs and a member of the New York State Federation of Women's Clubs, has promised delegates, but their names have not yet reached us.

ALUMNÆ ASSOCIATION OF THE METHODIST EPISCOPAL HOSPITAL TRAINING-SCHOOL, BROOKLYN

Miss E. H. Hall, delegate to the Congress, is supervisor of the Methodist Episcopal Hospital and president of the Alumnæ Association.

The Alumnæ Association of the Methodist Episcopal Hospital Training-School for Nurses was organized October 2, 1896, its object being the mutual benefit of the members, social and professional development, the establishment of a fund for sick nurses, and a systematic method of registration.

Miss Carlie G. Patterson, formerly supervisor of the Methodist Episcopal Hospital Training-School, now supervisor of the California General Hospital, was the first president. Eleven names were enrolled as charter members, but the membership has since increased to sixty.

A course of parliamentary law lectures was given last spring for the benefit of the graduate nurses.

BROOKLYN HOMŒOPATHIC HOSPITAL ALUMNÆ

Miss Emma L. Park, delegate from the Brooklyn Homœopathic Hospital Training-School Alumnæ Association, was born in Worcester, Massachusetts, and educated in the public schools of that city. She graduated from the Training-School in 1893. Miss Park is an ex-army nurse, having served in Jacksonville in 1898, and is at the present time engaged in private nursing in Brooklyn and New York.

ROCHESTER CITY HOSPITAL NURSES' ALUMNÆ ASSOCIATION

Miss Elizabeth V. Connor, Class of '96, president of the Rochester City Hospital Nurses' Alumnæ Association, is the delegate to the Congress. Since her graduation Miss Connor has been engaged in private nursing.

At a meeting of the graduate nurses of the Rochester City Hospital, held in July, 1896, it was decided to disband as a trained nurses' association and reorganize as an alumnæ association, and a committee was appointed to draft constitution and by-laws.

In October of the same year was held the first regular meeting of the Rochester City Hospital Alumnæ Association. About fifty nurses were present, most of whom became charter members.

Meetings are held quarterly, which are usually for the transaction of business, followed by social tea. This association maintains and conducts its own Nurses' Directory, a registrar being appointed yearly. In 1898 it was admitted to membership in the Associated Alumnæ of the United States, and in 1899 to charter membership in the Local Council of Women. In 1900 it united with the Homœopathic Alumnæ Association to form the Monroe County Graduate Nurses' Association. Through its delegate it is a charter member of the New York State Nurses' Association. It now numbers one hundred and seventy members.

ROCHESTER HOMŒOPATHIC HOSPITAL ALUMNÆ

Miss Julia Bailey, delegate from the Rochester Homœopathic Hospital Training-School Alumnæ, is a graduate of the Class of '92.

Miss Bailey has been the office nurse of a prominent homœopathic physician of Rochester for nearly eight years.

The Alumnæ Association was organized in 1899. Meetings are held quarterly. Membership, forty-nine.

HOSPITAL OF THE GOOD SHEPHERD NURSES' ALUMNÆ, SYRACUSE

Miss Lina Lightbourne, superintendent of the hospital, and graduate from the Brooklyn Hospital Training-School, Class of '86, is the delegate to the Congress.

The alternate, Miss Lois A. Gannett, of Smithville, New York, graduate from the Good Shepherd Hospital Training-School of the Class of '89, was the superintendent of St. Barnabas Hospital, Minneapolis, Minnesota, from 1891 to 1893.

The following extracts from the address of the president at the annual meeting give an outline of the aims and work of the society:

"Our association was organized June 20, 1900, with a charter membership of sixteen and an attendance of eight. Our hope was that some arrangement might be made for the care of sick members. . . . Through the generosity of the Board of Trustees we are assured of gratuitous care for members during illness. We have made one payment of fifty dollars for the furnishing of our room at the hospital. Through the gifts of various members and friends we have many things necessary for our own use. Of these I will not speak in detail, but, in passing, will mention the hearty good-will of the givers, the evident desire of each member and each friend to aid our common cause. Leaving these material benefits, there is another help which comes to us through our Alumnæ Association. We know each other better; we know our hospital better than we did one year ago. We cannot come back here each month, to the place that was home to us all for at least two years, without feeling a keen interest in the progress of the Training-School and hospital, and being touched by the hearty welcome that is given us by our superintendent and the pupils of the school."

DUTCHESS COUNTY GRADUATE NURSES' CLUB

Miss Elizabeth Burroughs, graduate of the Vassar Brothers' Hospital, Poughkeepsie, Class of '92, is the delegate from the Dutchess County Graduate Nurses' Club. Miss Burroughs has had some post-

graduate experience, but is now engaged in private work. She has been president of the club since it was started in October, 1900. A course of lectures was given by prominent physicians last winter, and the meetings were largely social in character.

The county form of organization was chosen with direct reference to representation in the State society.

MONROE COUNTY NURSES' ASSOCIATION

Miss Eva Allerton, delegate from the Monroe County Nurses' Association, is by birth an American. She is a graduate of the Training-School of the Massachusetts General Hospital, Boston, in the Class of '85, and is a charter member of the Alumnæ Association of that school.

Miss Allerton's work has been largely executive. She was for a time superintendent of nurses at the Allegheny General Hospital School for Nurses of Pittsburg, Pennsylvania, and for the past twelve years has been the very able superintendent of the Rochester Homœopathic Hospital, an institution of high rank, which owes its success to Miss Allerton's executive ability and wise guidance.

The Monroe County Graduate Nurses' Association was organized in March, 1900, in response to an invitation from the Alumnæ Association of the Rochester City Hospital to the Alumnæ Association of the Homœopathic Hospital to unite in forming a local society of nurses, which should include in its membership graduates from schools of certain recognized standards who might be resident and working in Monroe County.

The motive for this association was to bring all of the nurses of this county into closer professional and social relationship, and to have a local society organized which should be in proper form to take active steps when State organization should be agitated.

The meetings during the first year have been given up in some degree to the completion of the organization of the society, but there have been some interesting addresses and professional papers, and a good deal of the social element, which has had a tendency to bring the nurses of different schools into closer sympathy.

The first meeting to form a New York State Society was held in Albany, April 15 and 16. The Monroe County Society was represented by a delegate, its president, vice-president, and secretary all being present. The delegate, Miss Sanford, was elected secretary of the State Society.

THE BUFFALO NURSES' ASSOCIATION

Mrs. H. Storck, the delegate from the Buffalo Nurses' Association to the Congress, is a graduate of the Buffalo General Hospital, superintendent of the Woman's Hospital, and is one of the Board of Trustees of the society. Mrs. Storck has always been a zealous worker for nurses, and the association is well represented in her.

During the month of January, 1895, Miss S. V. Nye, then superintendent of Lexington Heights Hospital, Buffalo, and Miss Marsden, one of her graduates, made a tour among the different superintendents of hospitals and training-schools to see if there was a possibility of starting a nurses' association.

They met with good encouragement, and the first meeting was called for February 1, 1895, at which time a unanimous vote was cast for organization. Miss S. V. Nye was elected president; Miss K. I. Kennedy, vice-president; Miss O. Moore, treasurer; Miss J. Snelsinger, secretary, and a committee of five was elected to draw up a suitable constitution. There were present at this meeting eleven charter members. During the first year the association met at different hospitals, since which time meetings have been held at the chapter house. Mrs. C. D. Zimmerman, a graduate of the Buffalo General, showed the association many courtesies, and several meetings were held at her house. These meetings are remembered with pleasure by the members. The constitution was published and distributed in May, 1897.

In November, 1898, this association found it needed a course in parliamentary law, and Miss Charlotte Mulligan was interviewed with the object of meeting the need. Then followed a course of lectures and practical demonstrations. The society was incorporated under the laws of New York State as "The Nurses' Association of Buffalo" in June, 1899. Through the kindness of Miss Mulligan, the society meets under no expense at the "Guard of Honor" Rooms. The death of Miss Mulligan was a great loss to the society, as under her wise guidance the association had become solidly organized and well established financially.

Some of the many things the association has done for the profession, besides always aiming to maintain a high standard, have been to put circulating libraries into the different training-schools; getting a two-thirds rate for sick nurses at the Buffalo hospitals (although all the hospitals have not lived up to their agreement); cessation of attendants' class at the Woman's Union; nursing journals put on the public library shelves; a sick-benefit fund instituted.

The society is affiliated with the New York State Federation of Women's Clubs.

The first president and organizer of the society, Miss S. V. Nye, was elected president of the New York State Nurses' Association at the meeting in Albany last spring. Miss Annie Damer, president at this time, is a member of the Woman's Board of Managers of the Pan-American Exposition and chairman of the Committee of Arrangements of the Nurses' Congress.

BUFFALO GENERAL HOSPITAL NURSES' ALUMNÆ

Mrs. Thomas Morley graduated in the Class of '85, Buffalo General Hospital, and engaged in private nursing for some time, but preferred institutional work. She was nurse at the Fitch Accident Hospital during its early days, and later served one and a half years as night superintendent at the Buffalo General Hospital. Marriage in 1892 closed her career as an active nurse, but she is still interested in all pertaining to the nursing world.

Mrs. C. D. Zimmerman graduated in the Class of '82, and did private nursing very successfully for a number of years. She is now married and devotes her time to her family, but retains an active interest in nursing affairs. She was instrumental in organizing the Buffalo Nurses' Association.

The Buffalo General Hospital Nurses' Alumnæ was organized in June, 1900. Thirty-three graduates signed the membership-roll. The object of the association is the "legitimate advancement, professionally and socially, of its members." Meetings are held every three months, and the annual meeting in June. January 31, 1901, the first annual banquet was given at the Genesee Hotel, twenty-seven members being present. At the dinner a history of the Training-School, prepared by Mrs. Diehle, was read. At the annual meeting in June, 1901, the constitution and by-laws were adopted and the following officers elected: President, Miss Margaret Simpson; a first and a second vice-president, a recording secretary, a corresponding secretary, a treasurer, and a historian. There is now a membership of eighty ready to give the Congress a hearty welcome to Buffalo and the Pan-American.

ERIE COUNTY HOSPITAL ALUMNÆ ASSOCIATION, BUFFALO

Miss H. McKennon is the delegate from the Erie County Hospital Nurses' Alumnæ. Miss McKennon is an ex-army nurse, having served six months at Fort Meyer, and is now engaged in private nursing.

The Erie County Hospital, Buffalo, organized a training-school in January, 1894, giving a course of two-years' training, since made three years. It has a medical superintendent (Dr. E. J. Gilray), superintendent of nurses (Miss E. J. Keating), a staff of eight resident physicians, a capacity of four hundred patients, thirty-eight pupil nurses, and one graduate nurse in charge of the nursery. The training is general, viz., medical, surgical, obstetrical, with special work in gynæcological, nervous, contagious, dermatological, eye, ear, nose, and throat.

The hospital is a beautiful building of gray stone situated in the midst of a farm of one hundred acres at the extreme end of North Main Street, Buffalo, New York.

The first meeting of the graduates took place at No. 464 Vermont Street, June 2, 1898, then the head-quarters of the nurses, a pretty little cottage called "Band-box Castle." It was an impromptu gathering. The notices were sent by telephone by Miss H. M. McKennon. There were twelve graduates present. Miss Keating was unanimously elected chairman of the meeting and Miss L. R. Galbraith secretary *pro tem.* There was considerable discussion on the benefits of organization, after which a committee was appointed to send notices to all members of the school of a meeting on the twelfth of June, at which meeting it was decided to form an alumnæ, to be called "The Erie County Hospital Alumnæ Association," with a fee of one dollar per annum, its object to be the promotion of loyalty among its members and the advancement of the interests of the Training-School of Erie County Hospital, with quarterly meetings. The charter members, those present at the first two meetings, and Miss Keating, the first president. The meetings have been well attended, and although a young school, it was the first society in Buffalo to join the National Associated Alumnæ, which it did in March, 1900.

The study course has been put aside until next year, but at each meeting there have been discussions and usually some form of entertainment. The members feel the alumnæ of invaluable aid, and each year hope to make it more helpful.

OHIO

THE GRADUATE NURSES' ASSOCIATION OF CLEVELAND

Miss Mary E. Johnston, delegate to the Congress, was born in Malaga County, Ohio. In 1889 she entered the Methodist Episcopal deaconess work in Cleveland. In 1896 she graduated from the Training-

School for Nurses connected with the Cleveland General Hospital. Since then she has spent her whole time doing district nursing among the very poor of this city in connection with the Methodist Episcopal Deaconess Home.

The Graduate Nurses' Association of Cleveland was organized May 28, 1900, and Miss McMillan, principal of the Lakeside Hospital, was elected president by acclamation. The association numbers sixty-eight, fifty of whom are charter members, and the others have been admitted during the year. The efforts of the organization have been directed towards the establishment of district nursing in Cleveland.

PENNSYLVANIA

UNIVERSITY OF PENNSYLVANIA HOSPITAL, PHILADELPHIA

Delegates to the Congress are:

Miss Sara Rudden, born in New York City, graduated from the Convent of the Immaculate Heart at Reading, Pennsylvania, afterwards from the Training-School of the Hospital of the University of Pennsylvania in 1893, and at present is doing private nursing.

Miss Margaret G. Fay was born in Pennsylvania and graduated from the Altoona High School. She afterwards graduated from the Training-School of the Hospital of the University of Pennsylvania in 1898, and at present is night superintendent at the University Hospital.

The Alumnæ Association of the Training-School of the Hospital of the University of Pennsylvania was organized in February, 1893, through the efforts of Miss Jane A. Delano, who was its first president. The association has grown each year, and at this date numbers one hundred and eleven members. The members are working very strenuously to raise funds to endow themselves a room in the hospital. Efforts are being made to secure a post-graduate course for the older members at their own hospital. They have been combining their winter course of study for the past two years with that of the Alumnæ of the Pennsylvania and Presbyterian Hospitals.

WOMAN'S HOSPITAL ALUMNÆ, PHILADELPHIA

Miss Anna M. Peters, Class of '97, is the delegate from the Woman's Hospital Training-School Alumnæ, Philadelphia.

Miss Peters is an American by birth. She is engaged in private

nursing, being located in Philadelphia in the winter and at Bar Harbor during the summer months. It is largely owing to Miss Peters's efforts that an endowed bed for graduate nurses has been secured in the Woman's Hospital.

The Woman's Hospital Alumnæ Association was organized in February, 1889, with a small membership, which has gradually increased to sixty. Each year the society gives a tea to the graduating class, and since 1898 it has become a custom for a representative to give an address to the class at the commencement exercises.

The most important work of the association has been the endowment in the Woman's Hospital of a bed for sick nurses. Entertainments of various kinds have been given to raise money for this end, and at the commencement exercises in 1900 the alumnæ representative turned over to the hospital treasurer the first thousand dollars for this purpose. This amount entitles the society to the use of a bed for three months of the year. Sick-relief has always been given to members needing financial aid.

PENNSYLVANIA HOSPITAL ALUMNÆ, PHILADELPHIA

Miss Anna C. Garrett, the delegate from the Pennsylvania Hospital Training-School Alumnæ, Class of '96, is a head nurse in that hospital at the present time, and since her graduation has been almost constantly in a similar position or as night superintendent.

The Alumnæ Association was formed in 1897, the first meeting being called by the superintendent of the Training-School, Miss Lucy Walker. There are now seventy-four members. This association unites with those of the Presbyterian and University Hospitals in arranging a course of study, each association providing ten lectures.

PRESBYTERIAN HOSPITAL ALUMNÆ, PHILADELPHIA

Miss Annie Smirk graduated from the hospital in 1894. She had charge of Dr. Montgomery's private hospital for some time, went out to Manila as an army nurse in 1899, and since her return has been very successful as a private nurse in Philadelphia.

The Alumnæ Association of the Training-School for Nurses of the Presbyterian Hospital in Philadelphia was organized in the spring of 1895, and two years later, April 26, 1897, it was incorporated. In 1895 the members numbered twenty-five, while to-day the list of members has increased to seventy-eight.

The first president was Mrs. Howard S. Anders, but since the incorporation Miss Milne, directress of nurses, has filled the position.

The corporation was formed for the purpose of promoting unity and good feeling among the alumnæ, advancing in every way the professional standing of trained nurses, promoting social intercourse and good-fellowship among the members, extending aid to those in trouble, and establishing a fund for the benefit of any sick among the members.

It was proposed in 1897 to establish a fund for the endowment of a room in the hospital for the benefit of sick members. In 1900 Mr. James F. Magee, one of the trustees of the hospital, and his brother donated six thousand dollars to the hospital for an endowed bed, which he generously placed at the disposal of the alumnæ. The association added two thousand dollars to this fund, leaving two thousand dollars to be collected to complete the endowment of the room.

THE ALICE FISHER ALUMNÆ, PHILADELPHIA

Miss C. Josephine Durkee, who represents the Philadelphia Hospital Nurses' Alumnæ, of the Class of '86, was trained under Miss Alice Fisher. She was for three years superintendent of the John Sealy Hospital of Galveston, Texas; also had charge of Dr. Meyers's private hospital in Toronto, Canada, and has had an extensive experience as a private nurse.

The Alice Fisher Alumnæ was started in 1893. Miss M. E. Smith was elected president, and has remained so since, being reëlected at each annual meeting. Out of the alumnæ a club has grown and is a successful house for private nurses, its club side not being well developed. The dues are for the alumnæ one dollar a year, with an optional fifty cents for a sick-benefit fund, to be used at the discretion of the Executive Committee, in whose hands the details of all arrangements made between meetings lie. The membership is about three hundred. Until the last annual meeting, always held on Easter Monday, meetings were only held once a year. Since Easter, 1901, they are held monthly.

A course of lectures has been given almost every year, but these courses have been very poorly attended. A box for questions on any professional subject has been instituted since Easter, and at the monthly meetings many interesting subjects have been discussed.

ST. LUKE'S HOSPITAL ALUMNÆ, SOUTH BETHLEHEM

Delegates to the Congress are:

Miss White, a graduate of St. Luke's, who has held the position of superintendent of the hospital and Training-School for the past twelve years.

Miss Parish, president of the Alumnæ Association, who is now superintendent of the hospital of the State University of Iowa.

The Alumnæ Association of St. Luke's Hospital Training-School for Nurses was organized October 18, 1897, with the enrolment of twenty-five members. The first president was Miss M. Spach, then superintendent of the Twin City Hospital, Winston-Salem, North Carolina. Since its organization the meetings have been well attended, showing a growing increase in the interest in the hospital and Training-School. An appropriation is voted each year to enhance the beauty or comfort of the Nurses' Home. A sinking fund is established with the remainder of collected dues. This is to be used as a permanent benefit or sick fund. The association now numbers forty-five members.

RHODE ISLAND

RHODE ISLAND HOSPITAL NURSES' ALUMNÆ, PROVIDENCE

Miss Mary A. Quinn was born and educated in New Hampshire. In 1892 she graduated from the Rhode Island Hospital Training-School and became a private nurse in Providence, Rhode Island. She is also a member of the order of Spanish-American War Nurses.

Miss Ellen A. Kenny is a native of Newport, Rhode Island. She graduated from the Rhode Island Hospital Training-School for Nurses in 1897, and is a member of the order of Spanish-American War Nurses. She is a district nurse at Providence, Rhode Island.

A meeting was held by the graduate nurses of the Rhode Island Hospital Training-School for Nurses on May 12, 1896, for the purpose of deciding on the formation of an alumnæ association. As very few of the nurses understood what was to be done, the superintendent of nurses, Miss Emma L. Stowe, was asked to help them.

She opened the meeting with remarks as to the object of the alumnæ and the advantage it would be to graduate nurses. A rising vote was taken, and nineteen out of the twenty graduates present voted to form an alumnæ association.

It began with a membership of thirty-seven. Miss M. Grace Hills, Class of '94, was the first president, and to her efforts the success in forming the association was largely due.

The objects of the association were similar to those of other organizations of this kind. Although a benefit fund has not yet been estab-

lished, the sick nurses have always been remembered. The members take an active interest in the meetings, classes, and lectures, and find that they are greatly helped by them. As each class graduates the members are interested in the alumnæ, and when approached on the subject are eager to join. The association has now a membership of one hundred and two.

VIRGINIA

OLD DOMINION HOSPITAL NURSES' ALUMNÆ, RICHMOND

Miss C. V. Austin, president of the society and superintendent of the Old Dominion Hospital, delegate; Miss A. W. McClurg, Class of '99, alternate.

A charter was granted by the State of Virginia to the Old Dominion Hospital Alumnæ Association February 8, 1898. The alumnæ was then organized with a membership of ten graduate nurses, with Miss C. H. Johnston as president and the usual officers.

Each year the Alumnæ Association has given its new members a banquet, or entertained them in some enjoyable way. It now has a membership of thirty.

The honorary members of the association are Miss S. H. Cabaniss, former superintendent of the hospital, Mrs. Isabel Hampton Robb, Miss M. A. Nutting, and Miss L. L. Dock.

The Class of 1900 inaugurated a Nurses' Settlement, having for its object the establishment ultimately of a system of district or instructive visiting nursing among the very poor, and at the last meeting of the Legislature a charter was granted which exempts it from taxation, and as an institution of public charity, the city appropriated one hundred and fifty dollars for the work. This, with other donations and the nurses' dues, make the settlement self-supporting.

The past year has been more important than any previous year in the history of the association, as the above-mentioned Nurses' Settlement was established and the much desired Nurses' Club was opened in June, where the future meetings will be held. A study course for the alumnæ will be arranged, also a course of lectures for the winter months. There has been more interest manifested among the members than formerly, and the meetings have been better attended.

The society is much indebted to Miss S. H. Cabaniss, former superintendent of the hospital, the hospital staff, and the faculty of the Medical College of the University of Virginia for the assistance and consideration extended to the association at all times.

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF
MARY E. THORNTON

OFFICIAL PROGRAMME OF THE CONGRESS OF NURSES

Programme of Papers.

Wednesday, September 18, 9.30 A.M. to 1 P.M.

Addresses of welcome by the Hon. Conrad Diehl, Mayor of Buffalo, and by Mrs. George Townsend, president of the Woman's Educational and Industrial Union.

ADDRESS OF THE PRESIDENT.

1. "The Administration of Hospitals in Great Britain," Miss Isla Stewart, matron St. Bartholomew's Hospital, London, and Miss Mollett, delegate from Matrons' Council of Great Britain and Ireland.
2. "Hospital Administration in America," Miss Banfield, superintendent Polyclinic Hospital, Philadelphia.
3. "Hospital Administration in Relation to Training-Schools," Miss Riddle, assistant superintendent Training-School Boston City Hospital.
4. "Women on Hospital Boards," Mrs. Robb, president of the Nurses' Associated Alumnæ of the United States.

Wednesday, 2 to 3.30 P.M.

1. "Nurses' Coöperative Societies," Miss Kimber, member of the Superintendents' Society.
 Miss Cartwright, delegate Registered Nurses' Society, London.
2. "The Hospital and the Community," Miss Nutting, superintendent of nurses, principal of Training-School Johns Hopkins Hospital.
3. "St. Bartholomew's League," Miss Waind, delegate St. Bartholomew's League of Nurses.
4. "The Australasian Nurses' Association," Miss McGahey, its delegate.

Thursday, September 19, 9.30 A.M. to 1 P.M.

1. "Preparatory Instruction of Nurses," Mrs. Strong, matron Glasgow Infirmary.
2. "What we are Doing with the Three-Years' Course," Miss Dock, secretary American Society of Superintendents of Training-Schools for Nurses.

3. "Post-Graduate Work in Hospitals," Miss McMillan, superintendent of nurses, principal of Training-School, Lakeside Hospital, Cleveland; Miss Fuller, private nurse.
4. "Nursing of the Insane," Miss Laird, superintendent of nurses, Willard State Hospital.

Thursday, 2 to 3.30 P.M.

Symposium of fifteen-minute papers on "Opportunities and Responsibilities of the Graduate Nurse of to-day."

1. Miss K. de Witte, Chicago, Illinois, private nurse.
2. Miss Richards, Taunton, Massachusetts, superintendent of nurses Taunton Hospital for Insane.
3. Miss Patton, San Francisco, California, superintendent of nurses City and County Hospital.

"Private Nursing, Hours, Remuneration, etc.," Miss Rogers, private nurse.

"Hourly Nursing," Miss Carr, head nurse Baltimore District Nursing Association.

Friday, September 20, 9.30 A.M. to 1 P.M.

DISTRICT NURSING.

1. "Historical Outline of Origin, Growth, and Present Status of District Nursing in England," Miss Amy Hughes, delegate Trained Nurses' Club, England.
2. "Tenement-House Inspection," Mrs. von Wagner, sanitary inspector, Yonkers.
3. "Methods and Progress of District Nursing in America," Miss Fulmer, superintendent District Nursing Association, Chicago, Illinois.
4. "The Victorian Order in Canada," Miss Macleod, chief lady superintendent Victorian Order.
5. "Nurses' Settlements," Miss Wald, head worker Nurses' Settlement, New York.
6. "London School-Board Nurses," Miss Honnor Morten, member Trained Nurses' Club, London.

Friday, 2 to 3.30 P.M.

ARMY AND NAVY NURSING.

1. "Army Nursing in America," Mrs. Dita H. Kinney, superintendent Army Nurse Corps, United States Army.
2. "Nursing in Cuba," Miss Hibbard, superintendent Escuela de Enfermeras, Matanzas, Cuba.

3. "Indian Army Nursing Service," Miss Arkle and Miss P. F. Watt.
4. "Nursing in South Africa during the Boer War," Miss Pope, private nurse.
5. "War Nursing in South Africa," Sister Henrietta, Kimberley, South Africa.
6. "Organization and Legislation among Nurses:"
 A. Mrs. Bedford Fenwick, London, president International Council of Women.
 B. "In the United States," Miss Sylveen Nye, president New York State Graduate Nurses' Association.
 C. "In Canada," Miss Snively, lady superintendent General Hospital, Toronto.
7. "A Retrospect and a Forecast," Miss C. J. Wood, delegate Trained Nurses' Club, England.

THE INTERNATIONAL COUNCIL OF NURSES

THE first business meeting of the International Council of Nurses will be held at three o'clock, Monday, September 16, at the Woman's Industrial Union, 86 Delaware Avenue, Buffalo. The president, Mrs. Bedford Fenwick, will be in the chair.

The order of business will be as follows:

Presidential Address.

Roll-call.

Minutes of the last meeting.

Report from the secretary.

Report from the treasurer.

Reports from various countries of the status of nursing:

Egypt, by Miss J. G. Watkins.
Italy, by Miss Amy Turton.
Denmark, by Mrs. Gordon Norrie.
Sweden, by Froken Gina Krog.
The Australian Commonwealth, by Miss McGahey.
New Zealand, by Mrs. O'Neill.
Tasmania, by Miss Milne.
Brazil, by Miss J. A. Jackson.
Cuba, by Mrs. Quintard.
The United States, by Miss Dock.
Great Britain and Ireland, by Mrs. Fenwick.
Canada, by Miss Snively.
France, by Dr. Anna Hamilton.



A GROUP OF ASSOCIATED ALUMNÆ MEMBERS

1. MISS M. I. STROBLE
Pennsylvania Hospital, Philadelphia, Pa.

2. MISS REBA THÉLIN
Johns Hopkins Training-School, Baltimore, Md.

3. MISS STUPPLEBEEN
New York Hospital, New York

MISS ROBINSON
New York Hospital, New York

4. MISS GERTRUDE SMITH
Presbyterian Hospital, New York

5. MISS SCOTT
New York Hospital, New York

Germany, ——
Holland, Miss C. A. Bastide Baarslag.
South Africa, Miss Margaret Breay.
India, ——
Greece, Mrs. Fenwick.

The time and place of a second meeting on Tuesday will be announced at the first meeting, and bulletined in the Woman's Union.

L. L. Dock,
Secretary.

THE NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES

The Associated Alumnæ will hold its first business meeting on Monday, September 16, in the Woman's Industrial Union, 86 Delaware Avenue, Buffalo. The convention will be opened at 10 A.M. The president, Mrs. Hunter Robb, in the chair.

Order of business as follows:
Presentation of credentials.
Registration of delegates.
Roll-call.
Annual report of the secretary.
Secretary's report of work by the Executive Committee for the year 1900-1901.
Annual report of treasurer.
Correspondence.
Reports of committees.
New business.
Before adjournment, order of business and time of second meeting will be announced.

Mary E. Thornton,
Secretary.

SPANISH-AMERICAN WAR NURSES' ASSOCIATION

Meet in the Woman's Industrial Union, 86 Delaware Avenue.

Programme

Monday, September 16, 1.30 P.M.

Meeting called to order.
President's address.
Report of the corresponding secretary.
Report of the treasurer.
Report of the Auditing Committee.

In memoriam.
Report of Committee on Admission.

RECESS TAKEN. SOCIAL GATHERING.

Tuesday, September 17, 9.30 A.M.

Announcement of election of new members.
Action on amendments to the constitution.
Adoption of by-laws.
Action on publication of proceedings, constitution, etc.
Election of officers.
Election of delegates to International Congress.
Election of honorary members.
Selection of time and place of next meeting.
Miscellaneous and new business.

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES

THE society will hold its first meeting on Monday, September 16, in the Woman's Industrial Union, 86 Delaware Avenue, Buffalo, at two o'clock. Miss Keating, the president, will be in the chair.

Order of business:

The president's address.
Roll-call.
Minutes of last meeting.
Treasurer's report.
Reports of committees.

Announcement will be made at this meeting of the hour for the second meeting on Tuesday.

Order of business, second session:

Unfinished business.
Election of new members.
Nomination and election of officers.
Revision of the constitution.
New business.

As the society has no programme of papers for this convention, it is thought that the hour between two and three will suffice for the brief routine of the first day's session. Several of the superintendents are due at the meeting of the International Council of Nurses, which is called for three o'clock on the same day, and the meeting of the Associated Alumnæ will fill up the morning.

L. L. DOCK,
Secretary.

PAN-AMERICAN HOSPITAL

THE work of the Emergency Hospital has increased greatly during the last two months, averaging about forty-five cases a day. Very few of a serious character have been received. The patients cared for mostly are those who have been taken suddenly ill while visiting the Exposition, caused by indigestion, heat, nervousness, exhaustion, etc. A crèche for the reception of children from one to three years old has lately been added and is under the direct management of the hospital. Children are received and cared for between the hours of eight A.M. and six P.M.

The following is a list of the names of nurses on duty in our Emergency Hospital for the months of August and September: Miss Teresa Bartle, St. Luke's Hospital, Chicago, Illinois; Miss Katharine Simmons, Roosevelt Hospital, New York City; Miss Jessie Downing, Roosevelt Hospital, New York City; Miss B. Jelly, London General Hospital, London, Ontario; Mrs. Anna Richmond, Hants Infirmary, London, England; Miss Mae L. Railton, Buffalo General Hospital, Buffalo, New York.

The following is a list of nurses to be appointed for the month of September: Miss Elizabeth Dorchester, Buffalo General Hospital; Miss M. D. Barnes, St. Luke's Hospital, New York City; Miss Margaret C. Morris, St. Luke's Hospital, New York City; Miss Olivia F. Walker, Guelph General Hospital, Guelph, Ontario; Mrs. J. B. Christie, Presbyterian Hospital, New York; Miss Jessie M. Fergusson, Presbyterian Hospital, New York.

ALUMNÆ MEETING

THE Alumnæ of the Maryland Homœopathic Hospital held a special meeting on June 26 at three-thirty P.M. Some business was transacted. Arrangements were completed for a summer course of lectures by the graduates for the benefit of the undergraduates; arrangements were also made for a course of winter lectures on educational subjects for the benefit of the nurses and the laity.

Three new members were accepted, the Misses Kline, Kohlman, and Diffendal.

The meeting adjourned until August.

NEW SOCIETIES FORMED

THE VIRGINIA STATE NURSES' CONVENTION.

The Virginia State Nurses' Convention met in Richmond on June 13 at the Nurses' Settlement. The convention was called to order

by the chairman of the Invitation Committee, Miss Elizabeth Cocke, of Richmond. Miss Cocke as briefly as possible stated that the object for which the convention had been called was to organize the Virginia State Association of Nurses with the purpose in view of elevating the standard of the nursing profession, strengthening their power and usefulness by coöperation and mutual interest, and obtaining legal recognition as a professional body.

Discussion of the subject was invited from all who were present, each member being asked to express her views, that the discussion might be free and general.

Miss Cocke then announced that it was in order to nominate a chairman to preside at the meetings until the permanent officers were elected. By unanimous vote she was made chairman, and Miss Elizabeth Webb was appointed secretary *pro tem.*

The chair then read a telegram of congratulation from Miss L. L. Dock, of New York, and letters from prominent nurses and physicians interested in the movement.

Discussion was raised by a member of the convention as to whether nurses who were not graduates should be admitted. The majority voted that they should not be admitted. The chair suggested that this be laid on the table at this meeting and the question taken up for further discussion at the next meeting and voted upon then, as a much larger number of nurses would probably be present.

It was then voted that the organization should be known as "The Virginia State Association of Nurses," and that its officers should consist of a president, three vice-presidents, a secretary, and treasurer, these officers to be elected by ballot at the next meeting.

The committee appointed from the floor to prepare a draft of the constitution was as follows: Miss F. P. Ellyson, of the Old Dominion Hospital Alumnæ; Miss C. V. Austin, superintendent of the Old Dominion Hospital; Miss S. B. Harvie, St. Luke's Hospital Alumnæ; Miss L. Watkins, Virginia Hospital Alumnæ; Miss A. P. Hodgson, Retreat for the Sick Alumnæ, all of Richmond.

It was voted that this committee should draw up only the constitution, leaving the by-laws for the next meeting, which shall be held in Richmond at a date in October to be decided upon by the Constitutional Committee and chairman.

It was decided by the floor that each member should be appointed a committee of one to work for new members and invite their interest and attention to the association before the next meeting shall be called.

The meeting then adjourned.

The names of the charter-members are as follows:

S. H. Cabaniss, Caroline Kreuttner, Coralie Johnston, Euphan Washington, Eloise Johnston, M. J. Moore, R. C. Whyte, Frances Jones, M. E. Sweeney, Annis Gulley, Frances Perry, Rosa Parkins, Nannie Minor, Virginia Terrell, Emily P. Jones, A. P. Hodgson, M. E. Boydan, Sallie Webb, —— McCreary, Agnes Randolph, Annie Tabb, A. Sizer, Miss Ions, Miss Whitehead, Miss Shackelford, F. P. Ellyson, A. F. Hudson, E. U. Kellam, Lilian Hudnall, Helen Barney, C. V. Austin, Rosa Van Vort, Alice McClung, Elizabeth Webb, Elizabeth Cocke, L. V. Moore, L. Heninghausen, Lily Price, Ann Page Metz, Emily Terrell, Abbie Dulin, S. B. Harvie, Bettie Waller, Lizzie Terrell, Louise Powell, Bertie Tabb, L. A. Sharp, Miss Waller, Miss Lyman.

ILLINOIS STATE NURSES' ASSOCIATION.

The time seeming ripe for a State organization of nurses in Illinois, late in June representatives of the alumnæ of St. Luke's Training-School and the Illinois Training-School issued a call for a general meeting of graduates and pupil-nurses in the city of Chicago, to be held July 6 at the rooms of the Visiting Nurses' Association. The secretary of the committee, Miss Anne Louise Pearse, of St. Luke's, sent notices to forty-one training-schools in Chicago, to sixteen in the other cities of the State, and to the heads of three registries. The response was gratifying. About one hundred nurses, representing as delegates fourteen training-schools and including an unauthorized representative from the Silver Cross Hospital at Joliet, were on hand eager to further the project. The object of the meeting was stated by Dr. Hackett, temporary chairman, after which Miss McIsaac made an address which evoked much discussion and brought out the views and opinions of the nurses present, all of whom acknowledged and urged the need of organization. A committee was appointed with instructions to draw up resolutions formulating the wishes of the assembly. The resolutions were in part as follows:

> "*Resolved*, We, the nurses assembled, representing fourteen training-schools in the State of Illinois, do hereby form an association to be known as the Illinois Graduate Nurses' Association, the primary object of which shall be to bring about State registration for nurses."

This resolution, with its additional clause relating to officers, was discussed and adopted by the members present. Officers were then elected as follows:

President, Miss Harriet E. Fulmer, St. Luke's, superintendent of Visiting Nurses' Association; secretary, Miss Caroline Seidensticker, Hahnemann Hospital; treasurer, Miss Mary C. Ledwidge, Illinois Training-School; Executive Committee—Miss M. R. Browne, St. Luke's;

Miss Helen Scott Hay, Illinois; Miss G. Maclean, St. Joseph's; Miss J. Genneson, Augustana; Miss Florence Scofield, Mercy; Mrs. Helen Patterson, Post-Graduate; Miss Jennie Thorn, Hahnemann; Miss Jessie Muir Henderson, Lakeside; Miss Florence Wilder, Mary Thompson; Miss Burdette Hamilton, Passavant Memorial; Miss Jessie Scott, Michael Reese; Miss Anna Louise Davis, West Side; Miss Jennings, Woman's Hospital; Miss Anna M. Wehner, German; Miss Lester, Silver Cross, Joliet.

The committee held a meeting on July 24 and appointed a special committee, with Miss Helen Scott Hay as chairman, to draft a constitution and by-laws. At another mass-meeting, on August 2, the constitution adopted later by the Board of Directors was accepted. It reads as follows:

"PREAMBLE.

"We, graduates of recognized training-schools for nurses and residents of the State of Illinois, realizing that 'in union is strength,' do pledge ourselves to support by our personal effort and interest this organization, to be known as THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF ILLINOIS.

"ARTICLE I.—OBJECT.

"The object of this association shall be to secure State legislation for nurses and to advance all other interests of the profession.

"ARTICLE II.—OFFICERS.

"The officers of this association shall be a president, first and second vice-presidents, secretary, treasurer, and an Executive Board.

"ARTICLE III.—MEETINGS.

"Meetings shall be held quarterly or whenever requested by a vote of the members present at any meeting, or whenever from the exigencies of the case the president shall desire a special meeting.

"ARTICLE IV.—AMENDMENTS.

"SECTION I. This constitution shall not be altered, amended, suspended, or annulled except as hereinafter provided.

"SECTION II. This constitution may be altered or amended at any regular meeting or at any special meeting called for that purpose, provided that any proposed alteration or amendment shall have been presented in writing either at the same regular meeting or to the Executive Board, and that a copy of such proposed amendment or alteration shall have been mailed to each member at least sixty days before the meeting at which action is to be taken thereon; but no action shall be taken on any such amendment unless the notice for the meeting shall specify that such action is to be taken, and then only on a two-thirds vote of the members present."

On August 9 a formal application for a charter under the laws of the State of Illinois was made by members of the original committee,

signed by Harriet E. Fulmer, Emma C. Hackett, M.D., Emily L. Luce, and Marie L. Cuthbertson. The first regular meeting of the association will be held in September, when the draft of a bill asking the Legislature to require State examinations and registration for nurses will be presented for discussion.

TOLEDO HOSPITAL ALUMNÆ.

A meeting of the graduates of the Toledo Hospital Training-School for Nurses was held at the Nurses' Home on Thursday evening, July 11, for the purpose of organizing an alumnæ association. There were about twenty nurses present.

The meetings will be held once a month, at which it is expected to have lectures or papers. The following officers were elected: President, Miss Matilda Linskey; vice-president, Miss Ida Kegg; second vice-president, Miss Mateer; secretary, Miss Aileen Turner; treasurer, Miss Anna Weston.

KINGS COUNTY HOSPITAL ALUMNÆ ASSOCIATION, BROOKLYN, NEW YORK.

The graduates of the Kings County Hospital Training-School for Nurses have formed an Alumnæ Association.

The officers are as follows: President, Miss Minnie E. Duck; first vice-president, Miss Jennie Sheffield; second vice-president, Miss Florence Morange; secretary, Miss Ella M. Wilson; treasurer, Miss Mary L. Gillan.

ANNUAL MEETINGS

THE PATERSON GENERAL ALUMNÆ.

At the annual meeting of the Paterson General Alumnæ, held June 4, the following officers were elected: President, Mrs. John McW. Shepherd (Miss Ruth Scribner); first vice-president, Miss A. G. Campbell, since deceased, and Miss Eva Ellis appointed to the vacancy; second vice-president, Miss Ray Murdy; recording secretary, Miss Katharine Magill; corresponding secretary, Mrs. Janette F. Peterson, and treasurer, Miss Gertrude Healy.

ALUMNÆ ASSOCIATION OF THE PRESBYTERIAN HOSPITAL, NEW YORK CITY.

The Alumnæ Association of the Presbyterian Hospital, New York City, held its annual meeting at the Club-House on May 17. The following officers were elected for the year. President, Miss Van Kirk (447 West Fifty-ninth Street); first vice-president, Miss Spencer; second vice-president, Miss Bellinger; corresponding secretary, Miss Davidson; recording secretary, Miss Kilpatrick (281 Lexington Avenue); treasurer, Miss Voorhees.

Nine new members have been received during the year.

Demonstrations in practical care of the sick were given during the winter, the proceeds being given to the Nurses' Settlement in Henry Street.

Meetings, largely social, have been held monthly from October to June, and have been very successful in keeping up the interest and bringing members into closer touch with one another.

The benefit fund is increasing, and the society hopes soon to have a sinking-fund.

RHODE ISLAND HOSPITAL ALUMNÆ.

The annual meeting of this alumnæ was held in the parlors of the Nurses' Home at three P.M. on June 11. As neither the president nor vice-president were able to be present, the meeting was called to order by Miss Fleming.

After the regular business had been disposed of several suggested changes were made in the constitution and by-laws and, being approved of, were adopted, one change being that instead of the annual banquet this year a reception be held in the autumn to which all graduate nurses shall be invited.

The election results were as follows: President, Miss Eugenia D. Ayres; first vice-president, Miss Fleming; second vice-president, Miss Mary Logan; recording secretary, Miss E. A. Kenny; corresponding secretary, Miss Hattie Pierce; treasurer, Miss Fitzpatrick; Visiting Committee—Miss B. Ross, Miss Wilson, Miss Weaver, Miss Irish, Miss Belle Grant, Miss Mabel Dunphy.

After adjournment refreshments were served and a pleasant hour enjoyed.

ALUMNÆ ASSOCIATION OF THE MEMORIAL HOSPITAL TRAINING-SCHOOL, BROOKLYN, NEW YORK.

At the annual meeting of the Alumnæ Association of the Memorial Hospital Training-School, Brooklyn, New York, the following officers were elected: President, Miss M. J. Parry; vice-president, Miss V. Parbury; secretary-treasurer, Miss Clara Richard.

Miss M. M. Wallace, supervisor of nurses, was made honorary member of the society.

A committee was appointed to raise funds to furnish a room in the hospital, which will be known as the Alumnæ Room.

A letter was read from Miss Botch, who is at present in Trinidad, Cuba, organizing a training-school for nurses.

CONGRESS ITEMS

A HAND-BOOK OF INFORMATION.

A small hand-book of information for the delegates and visitors to the Congress will be issued shortly by the Congress Committee, and will be sold at ten cents a copy. It will contain also the full programme.

The secretary of the Congress Committee sends the following extracts from the hand-book:

"I. Names of delegates to the International Congress of Nurses should be sent to Miss Banfield, general secretary, Polyclinic Hospital, Philadelphia, by the secretaries of the associations they represent.

"II. Each delegate should be provided with a letter of introduction for presentation to the Committee on Credentials.

"III. The responsibility for the instruction of delegates rests solely with the bodies appointing, and delegates are requested to act and vote in accordance with the spirit of the organization they represent, and not as individuals.

"N.B. Associations are of course at liberty to give their delegates authority to vote according to their convictions on any matter on which they (the association) consider they have not sufficient information, or when discussion might materially alter the point of view.

"IV. General head-quarters will be in the Woman's Union, where the registration of official delegates will take place. Credentials will be received there by the Credentials Committee from eight-thirty to nine-thirty A.M. on Monday, Tuesday, and Wednesday, September 16, 17, and 18.

"V. All local details are being arranged by the Buffalo Nurses' Association, who will provide for mail being received in the Woman's Union, for a Bureau of Inquiry for lost and found articles and for general information. There will be facilities provided for rest, writing letters, etc.

"The collection of books, magazines, etc., written and published by nurses, with the reports and papers from nurses' associations, will be found in the Woman's Union, with someone in charge to receive orders for duplicates.

"Committees will have meeting-places at their disposal in some of the small rooms of the Union."

THE MEETING IN THE TEMPLE OF MUSIC ON SATURDAY AFTERNOON, SEPTEMBER 21.

The general secretary, in conjunction with the Executive Committee, is arranging a special programme for this occasion, which is not yet sufficiently worked out to give in full. Several able and interesting speakers have promised to address the meeting, and it is planned to have resolutions bearing on professional matters presented at this time.

Those desiring to bring forward resolutions should send a copy to the secretary, Miss Banfield, in time to be submitted to the Executive Committee.

Voting on resolutions will be confined to official delegates, officers of the Congress, and members of the Congress Committee.

LOCAL COMMITTEE, CHICAGO.

Miss Fulmer, chairman, superintendent Visiting Nurses' Association, Room 1403, Unity Building, 79 Dearborn Street.

Miss Augusta Robertson, superintendent at St. Luke's Hospital Training-School, Fourteenth Street and Indiana Avenue.

Miss Idora Rose, assistant superintendent, Illinois Training-School for Nurses, 304 Honoré Street.

LOCAL COMMITTEE, PHILADELPHIA.

Miss Littlefield, Episcopal Hospital.
Miss Milne, Presbyterian Hospital.
Miss MacPherson, University of Pennsylvania Hospital.
Miss Banfield, Polyclinic Hospital.
Miss Walker, Pennsylvania Hospital, chairman.

LOCAL COMMITTEE, WASHINGTON.

Miss Nevins, Garfield Memorial Hospital.
Mrs. Dita H. Kinney, Army Nursing Service.

LOCAL COMMITTEE, BALTIMORE.

Miss Nutting, Johns Hopkins Hospital.

LOCAL COMMITTEE, BOSTON.

The following representatives of the nursing profession constitute the Reception Committee for Boston during these weeks when visitors to the Congress may be expected to arrive:

Miss Pauline L. Dolliver, Massachusetts General Hospital.
Miss Elizabeth J. Tisdale, 9 Haviland Street.
Miss Sara A. Bowen, the Boston City Hospital.
Miss Mary M. Biddle (chairman), 745 Massachusetts Avenue.

Head-quarters have been established at the Boston Nurses' Club, 419 Boylston Street, where information regarding hospitals, hotels, places of interest, etc., will be furnished, and whence any member of the committee may be reached by telephone.

LOCAL COMMITTEE, NEW YORK.

Miss Sutliffe, New York Hospital, New York City, will receive all communications regarding visitors to New York.

CANADIAN BUREAUS OF INFORMATION.

From Toronto, Canada, Miss Snively sends a list of Bureaus of Information as follows:

Winnipeg, Manitoba, lady superintendent General Hospital.

Vancouver, British Columbia, City Hospital.
Kingston, Ontario, General Hospital, Miss Flaws.
Ottawa, Ontario, Lady Stanley Institute, Miss Micklejohn.
St. John's, New Brunswick, 85 Prince William Street.
Halifax, Nova Scotia, Halifax Hospital.
Hamilton, Ontario, City Hospital, Miss Bowman.
Toronto, *The Telegram* office, Bay Street, and General Hospital, Gerrard Street.

Mr. T. Ross Robertson, president of the Board of Trustees, Hospital for Sick Children, Toronto, has kindly offered to place his secretary at the disposal of foreign delegates during their visit to Toronto. He also hopes to entertain them at luncheon.

THE CONGRESS BADGE.

The Congress Badge will be a white ribbon with the words "International Congress of Nurses" above, a red Geneva cross in the centre, and "Buffalo, 1901," below.

The color of the officers' badge will be purple; of the press, red; of the ushers, green; of the Committee of Arrangements, yellow.

The members of the Buffalo Nurses' Association will wear a light blue badge surmounted by a figure of a buffalo.

Delegates are requested to assume that anyone wearing this badge is a "Bureau of Information" and ready to give all assistance possible.

REGISTRATION.

The registration books will be opened at nine A.M. on Monday, September 16, at the Woman's Educational and Industrial Union, Niagara Square, where all delegates are requested to register.

Requests for accommodations will be received by the committee up to September 7, and delegates notified of their assignments. After that date no assignments will be made by mail, and delegates not provided for are requested to go on arrival to the Woman's Hospital at 191 Georgia Street (take Niagara-Street car), where the committee will be in attendance and assign them to rooms.

Delegates and visitors to any of the nurses' meetings are cordially invited to make use of this bureau.

EXCURSION TO NIAGARA.

The Buffalo Nurses' Association is making arrangements for an excursion to Niagara Falls on Monday, September 23, by the International Ferry Company and electric trolley. The boat will leave Ferry Street dock at ten A.M. for a trip up the Niagara River to Slater's

Point, on the Canadian side, thence by trolley through Lundy's Lane to Queenston, returning by the Gorge Road to Niagara Falls and Buffalo.

Fare for the round trip, one dollar and seventy-five cents.

A DELEGATE FROM THE INDIAN NURSING SERVICE OF ENGLAND.

The secretary of the Congress has received a letter from the India Office, London, saying that the Secretary of State for India in Council has nominated Miss Annie Arkle, a nursing sister of the Indian Nursing Service, a delegate to represent that service at the Congress. Miss Arkle has been instructed to furnish information regarding the Indian Nursing Service. The letter further expresses Lord George Hamilton's good wishes for the success of the Congress.

Miss Arkle is at present in the West, presumably in Montana, and will notify Miss Banfield and Miss Walker when she will arrive in Buffalo.

A PLACE TO LEAVE PACKAGES.

John Carle & Sons, wholesale druggists, of New York, have kindly offered to the members of the Congress the use of their booth, in Section H of the Manufacturers' and Liberal Arts Building, where packages, umbrellas, etc., may be left while visiting the Exposition.

COMFORT IN DRESS.

The pavements, coarse gravel-walks, and hard floors of the Exposition soon tire the feet. One should wear well-broken-in shoes. There is no shade, and a hat that protects the eyes a little is much more comfortable than to carry an umbrella. The grounds are cool in the evening, and most people need a light wrap.

Head-Quarters during Congress Week for New York State Nurses and all who wish Information regarding the State Society will be at 404 Prudential Building, corner Pearl and Church Sreets, Buffalo.

Sylveen V. Nye,
President New York State Nurses' Association.

To New York State Nurses:

Last April, when the New York State Nurses' Association was held in Albany, it was decided to hold a second meeting in Buffalo in September at the time of the meeting of the Congress of Nurses. So many other meetings are to be held during that week that it seems wiser to postpone the meeting of the State society.

The work of the society is of great importance, and requires careful and deliberate management. We believe it to be of too much importance to jeopardize its success by holding a meeting at a time when no one can give the matter the time or deliberate work that is essential.

We have been greatly encouraged by the widespread interest in the movement which is manifested by the many inquiries we are constantly receiving from nurses and nurses' societies, not only of New York State, but from other States, showing that the profession is ready "to do something." The questions are, *what to do* and *how to do it,* and those are the questions that are to be answered by the State societies.

We *want* our State society to secure such legislation and improvement in hospital management as will benefit the nursing profession. We not only want this, but we expect it, and we believe the best and surest way of accomplishing it is to work slowly and most carefully.

We also believe it much wiser to say but little about what we expect to do. The laity, some physicians, and some nurses get wrong ideas of what we are trying to do, and this frequently causes unpleasant criticism and engenders an antagonism where sympathy and coöperation would exist if the subject were clearly understood. For this reason we believe it wise to have all discussions and communications official. We mean by that to wait until our society is fully organized and we have adopted a constitution and by-laws, and until all nurses in the State have had an opportunity of becoming members; then whatever steps are taken must first be sanctioned and authorized by the society and will mean a movement of the profession, and *not* of a few individuals.

The failure of passage of many excellent bills relating to the medical profession must convince every thoughtful person that we cannot always trust our legislative bodies to pass favorably upon what seems to us equitable and just. The political side must be considered, and if we hope to succeed, we must proceed in a way to secure the assistance of all nurses and of the medical profession.

After Pan-American and all its attendant work and worry are over we shall all be in a better condition to give the subject the calm and judicious attention that is necessary.

We shall arrange for a second meeting to be held some time during the winter in whatever city the committee decides is best, and we shall endeavor to get many nurses together at that time. In the meantime we need not be idle. Local associations can be formed; nurses can read the nursing magazines and see what is being done by the different societies, and they can be thinking of the best solutions of the many wrong conditions that now exist.

In Buffalo, during the week commencing September 16, we have

arranged for head-quarters for the nurses of New York State or any who are interested in the State movement. The president or some of the officers will be present and be glad to see any nurses and give any information on the subject, and also to tender any possible courtesy or assistance to members of the profession. All nurses who desire to become members of the State society may register.

Asking for the encouragement and assistance of the nurses of New York State, I am

Sincerely yours,

SYLVEEN V. NYE,

President of New York State Nurses' Association.

404 Prudential Building, Buffalo, New York.

ARRIVAL OF FOREIGN DELEGATES

MRS. STRONG, Royal Infirmary, Glasgow, will leave the Mersey by the steamer Celtic on August 30. From New York she expects to go to Philadelphia, Baltimore, and Washington en route to Buffalo, which city she has planned to reach on September 16. She leaves Buffalo on the 23d for Boston. While in Philadelphia she will be the guest of Miss Littlefield at the Episcopal Hospital.

Miss Isla Stewart, St. Bartholomew's Hospital, London, and Miss Waind, delegate of the St. Bart's League, sail from London on August 29 by the steamer Marquette. They will visit Boston before the Congress, and expect to be in Philadelphia, Baltimore, and Washington later. They also intend visiting the principal Canadian cities.

Miss C. J. Wood and Miss Amy Hughes sail on the Menominee on September 5, and expect to visit the Canadian cities, as well as Philadelphia, Baltimore, and Washington.

Mrs. Bedford Fenwick, Miss Cartwright, Miss Mollett, and Miss McGahey expect to arrive in Montreal by the steamer Parisian about September 9. They will visit Ottawa, Toronto, and Niagara Falls before the Congress, and later expect to be in Philadelphia, Baltimore, Washington, and New York.

PERSONAL

MISS AGNES D. RANDOLPH has tendered her resignation as superintendent of the Virginia Hospital, Richmond, to go into effect as soon as the board is able to select her successor.

Miss Randolph was but recently induced by the board to withdraw her resignation, tendered early in the spring, but since doing so and

taking up the duties and responsibilities of her position, she finds her health will not permit her to continue at the head of the institution.

For nearly two years she has held the position, and under her management the hospital has been conducted most successfully, being enlarged and perfected in many important departments. Miss Randolph expects to leave the hospital by August 31, going for the present to her home in Charlottesville, where she will rest for several months, and later return to Richmond and do private nursing.

Miss Katherine S. Westbrook, graduate of the Brooklyn Homœopathic Hospital, of the Class of '93, has resigned her position of resident nurse in the New York Orphan Asylum, and has accepted a position as head nurse in the Parks Hospital, Glens Falls, New York.

SANITARY INSPECTION.

In reply to a number of letters from our readers asking for information in regard to a course of instruction in sanitary inspection we gladly give the name of Mr. Charles F. Wingate, sanitary engineer, 119 Pearl Street, New York City, who will teach this subject either in classes or by individual lessons.

MARRIED.

In Auburn, New York, July 6, Miss Edith A. Potter to Mr. William Webster.

Miss Potter was a graduate of the Brooklyn Homœopathic Hospital Training-School for Nurses, in the Class of '92, and was an active worker in the alumnæ.

AN EXPRESSION OF GRATITUDE

At the last meeting of the Rochester City Hospital Alumnæ Association a motion was made by Miss May and unanimously carried that the association express its gratitude to Miss Palmer for her kindness to and interest in the welfare of its members during her service as superintendent of the Rochester City Hospital, and that it also extend to her its best wishes for her success in her future work.

Also that the same expression of gratitude be extended to Miss Smart, with the hope that her vacation may prove pleasant and restful and her strength fully restored.

Elizabeth C. Sanford,
Corresponding Secretary.

RESOLUTIONS UPON THE DEATH OF MISS TUBBS

At the last meeting of the Rochester City Hospital Alumnæ Association a committee was appointed to prepare and draft the following resolutions:

"Whereas, It has pleased our Heavenly Father to remove from our midst Miss Aurola L. Tubbs, an esteemed member of our association; therefore,

"*Resolved*, That in her death our association has lost a highly esteemed and much-loved member, and the nursing profession a faithful worker.

Resolved, That a copy of these resolutions be extended with our deepest sympathy to her family; that a second copy be sent to The American Journal of Nursing, and that a record be made of the same in the minutes of this meeting.

"Miss C. M. Ayers,
"Miss L. Braird,
"Miss Frick,
"Committee."

DEATH OF MISS CAMPBELL

Died, at the Isolation Hospital, Paterson, New Jersey, on June 20, 1901, of diphtheria, Miss Olive G. Campbell.

The following resolutions were adopted by the Paterson General Hospital Alumnæ Association at a special meeting held July 16, 1901:

"Whereas, Inasmuch as it has pleased Almighty God to remove from our midst our dear associate, Miss Olive G. Campbell, first vice-president of the Alumnæ Association of the Training-School for Nurses of the Paterson General Hospital, and a member of the editorial staff for the 'Sixth Annual Report,' be it

"*Resolved*, That we, the members of the Alumnæ Association of the Training-School for Nurses, record our sorrow at the loss of our dear friend and companion; and since the sudden removal of such a life from our midst leaves a vacancy and a shadow that will be deeply realized by all the members and friends of this association, and will prove a serious loss to the nursing profession and to the community, be it further

"*Resolved*, That with deep sympathy for the bereaved relatives of the deceased, we express our hope that even so great a loss to us all may be overruled for good by Him who doeth all things well.

"*Resolved*, That a copy of these resolutions be sent to The American Journal of Nursing for publication in the same, and be spread upon our records, a copy printed in the local papers, and a copy forwarded to the bereaved family.

"Ruth Shepherd,
"Janette F. Peterson,
"Eva Ellis,
"Katherine Magill,
"Rosine Vreeland,
"Florence Demarest,
"Committee."

DEATH OF MRS. HARRIET GADDIS LEE

We hear with great sorrow of the death of Harriet L. Gaddis, wife of Lieutenant J. R. Lee, of the army, one of our pupils of the Garfield Memorial Hospital Training-School, of Washington, District of Columbia. Miss Gaddis entered the school from her home in Uniontown, Pennsylvania, and was always a most gentle and conscientious nurse. She did private nursing successfully in Washington, and entered the army service when the first call for nurses at Fort Meyer was issued in the summer of 1898. Later she was with the army in Cuba, where she married Lieutenant J. R. Lee, who was at one time her patient, and their wedding-cards, from Morro Castle, reached us only a short year ago. News of her death by cable from Manila gives no particulars.—Ed.

CHANGES IN THE ARMY NURSE CORPS

CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING AUGUST 6, 1901

ANDERSON, MARY A., transferred from the General Hospital, Presidio, San Francisco, California, to transport duty on the Thomas en route to the Philippines.

Armistead, Amanda J., chief nurse, transferred from the Second Reserve Hospital to duty at the Santa Mesa Hospital, Manila, as nurse.

Brinton, Elizabeth M., transferred from the General Hospital, Presidio, San Francisco, California, to duty on Transport Thomas en route to the Philippines.

Brown, Mrs. Jessie M., transferred from the General Hospital, Presidio, San Francisco, California, to duty on transport Buford en route to the Philippines.

Burke, Nina M., transferred from the General Hospital, Presidio, San Francisco, California, to duty on transport Thomas en route to the Philippines.

Butler, Mary A., ordered from the Military Hospital, Nagasaki, Japan, to transport duty en route to the United States.

Campin, Mary Louise, transferred from the Second Reserve Hospital to duty at the Santa Mesa Hospital, Manila.

Charlton, Anna M., transferred from the Military Hospital, Aparri, Philippine Islands, to duty at the First Reserve, Manila.

Danford, Caroline L., transferred from First Reserve Hospital, Manila, to transport duty en route to the United States. Arrived in San Francisco July 16 and placed on temporary duty at General Hospital.

Durkee, Lula B., transferred from Second Reserve Hospital, Manila, to transport duty en route to the United States. Reported at the General Hospital, Presidio, San Francisco, July 16, and assigned temporarily to duty there.

Edmunds, Jennie S., formerly on duty at the First Reserve Hospital, Manila, discharged from the Corps.

Eldridge, Dora, after serving temporarily for a week at Benicia

Barracks, California, returned to her proper station, General Hospital, Presidio, San Francisco, California, to be discharged.

Fairbanks, Helen G., transferred from the Second Reserve Hospital to duty at the Santa Mesa Hospital, Manila.

Foote, Carolyn C., transferred from First Reserve Hospital, Manila, to transport duty en route to the United States. Arrived in San Francisco July 28 and assigned to permanent duty at the General Hospital, Presidio.

Friton, Emily, transferred from the Second Reserve Hospital, Manila, to the Military Hospital, Iloilo, Philippine Islands.

Gertsch, Bertha M., transferred from the Second Reserve Hospital to duty at the Santa Mesa Hospital, Manila.

Hasemeyer, Augusta D., transferred from the General Hospital, Presidio, San Francisco, California, to duty on the transport Buford en route to the Philippines.

Killiam, Lena E., transferred from the Second Reserve Hospital to the Santa Mesa Hospital, Manila.

Klein, Amelia P., transferred from the Second Reserve Hospital to the Santa Mesa Hospital, Manila.

Koller, Mabel M., formerly on duty at the General Hospital, Presidio, San Francisco, California, discharged from the Corps.

Lamb, Sarah A., ordered from the Military Hospital, Nagasaki, Japan, to transport duty en route to the United States.

Layton, Mary V., transferred from the General Hospital, Presidio, San Francisco, California, to transport duty on Grant en route to the Philippines.

Ledlie, Kate S. M., transferred from duty at Columbia Barracks, near Quemados, Cuba, to Hamilton Barracks, Matanzas, Cuba.

Mann, Emily P., transferred from the Second Reserve Hospital to the Santa Mesa Hospital, Manila.

Mitchell, Janet D., ordered from the Military Hospital, Nagasaki, Japan, to transport duty en route to the United States.

Moore, Marie E., transferred from the Second Reserve Hospital to the Santa Mesa Hospital, Manila.

Morrison, Henrietta C., transferred from the First Reserve Hospital, Manila, to transport duty en route to the United States. Arrived in San Francisco July 28, and assigned temporarily to the General Hospital, Presidio, San Francisco, California.

Porteus, Elizabeth R., transferred from the Second Reserve Hospital, Manila, to transport duty en route to the United States. Arrived in San Francisco July 28, and assigned temporarily to the General Hospital, Presidio.

Pringle, Martha E., transferred from the General Hospital, Presidio, San Francisco, California, to duty on transport Thomas en route to the Philippines.

Rector, Josephine, transferred from the General Hospital, Presidio, San Francisco, California, to duty on transport Buford, in charge of the party of nurses on board en route to the Philippines.

Richmond, Edith L., transferred from the Second Reserve Hospital to the Santa Mesa Hospital, Manila.

Richmond, Vena E., transferred from the Military Hospital, Aparri, Philippine Islands, to duty at the First Reserve Hospital, Manila.

Rist, Ella, transferred from the Second Reserve Hospital to the Santa Mesa Hospital, Manila.

Rourke, Louise R., transferred from the First Reserve Hospital, Manila, to the Military Hospital, Vigan, Philippine Islands.

Smith, Stella, transferred from the First Reserve Hospital, Manila, to the Military Hospital, Dagupan, Philippine Islands.

Talcott, Mary B., transferred from the General Hospital, Presidio, San Francisco, California, to transport duty on the Grant en route to the Philippines.

Thacher, Clara, transferred from the General Hospital, Presidio, San Francisco, California, to transport duty on Grant, in charge of the party of nurses en route to the Philippines.

Trenholm, Eva, transferred from the Second Reserve Hospital, Manila, to the Military Hospital, Dagupan, Philippine Islands.

Weir, Mary Jane, transferred from the General Hospital, Presidio, San Francisco, California, to transport duty on the Grant en route to the Philippines.

Wilson, Genevieve, ordered from the Military Hospital, Nagasaki, Japan, to transport duty en route to the United States.

Yeakel, Katharine, transferred from the Second Reserve Hospital to duty at the Santa Mesa Hospital, Manila.

Zellar, Clara M., transferred from the Military Hospital, Dagupan, Philippine Islands, to transport duty en route to the United States for discharge. Arrived in San Francisco July 16.

THE EDITOR

THE September number of THE AMERICAN JOURNAL OF NURSING is intended to be a souvenir of the Congress of Nursing to be held in Buffalo during the week commencing September 16, 1901. The biographical sketches of the delegates, the portraits, and the histories of organizations make the number not only valuable for future reference, but to the nurses intending to be present a previous knowledge of "who is who" will add much to the interest.

These little histories also show that to some extent our organizations have begun to broaden their lines of work outside the personal and professional into the field of philanthropy, and there is a world of suggestion to be gathered from them.

This Congress will bring together, through delegates from every kind of a nursing organization, an unusual number of representative women, the pioneer nurses who battled through the hardships of early training-school days, and out of their hard experience have so influenced the growth and development of the profession and the younger generation, who already are benefited by their efforts. This gathering, the first of the kind, will in the future reassemble every five years at the International Congresses. England sends her most prominent women, whose presence will be one of the very interesting features of the series of meetings.

There is great inspiration to be gathered from such a Congress, as only those who have attended a large convention of people working on the same lines can appreciate. While officially the Congress will be composed of delegates, the meetings are open to all nurses and those interested in nurses' work. It is an opportunity that should not be lost by anyone having the means to be present, when one considers also the attractions of the Exposition.

THE Congress in Chicago, held only seven short years ago, produced a complete revolution in the relations of training-schools and nurses. Movements for the higher education of the nurse in training date from that time, and our national and international fellowships and affiliations with other bodies of women are the direct offspring of that occasion.

We venture to predict that the results of this Congress will be even greater; that legislative organization, registration, and a recognized

professional status for the nurse will go rapidly forward, while new channels for her usefulness will open and develop.

THE Editor-in-Chief wishes to make full acknowledgments to Miss L. L. Dock for editing the July and August numbers of the JOURNAL. Because of the vacation season a number of the department editors were unable to give the usual time to the magazine, and almost the entire responsibility of these numbers fell upon her shoulders; this was especially the case with the August issue, which in her able hands proved to be one of the handsomest numbers of the year.

That the JOURNAL has proven a professional success is due to the splendid coöperation of the editorial staff with the Editor-in-Chief, giving her, in addition to their department work, loyal support and invaluable advice.

WITH the September number the JOURNAL closes its first volume.

Without this JOURNAL the Congress, on its present lines, would have been an impossibility; it has given an impetus to State and local organization, and has become an important educational factor in the nursing world.

We ask our subscribers to send their renewals promptly, that the financial basis of the magazine may be defined early in the year, and we must again remind the alumnæ members that each one has a responsibility to the JOURNAL. The member who has not obtained a subscriber or contributed to its pages has not fulfilled her obligation to the society of which it is the official organ.

Owing to the pressure of Congress business, the announcement for the new year is postponed until the next number.

THERE will be a meeting of the Committee on Periodicals, the editorial staff, and the JOURNAL Company during Congress week, due notice of which will be sent to the members by the chairman.

THE JOURNAL will be on sale in the nursing literature exhibition-room, adjoining the Congress hall, and subscriptions may be paid there also.

THE October number will be delayed a few days on account of the Congress.

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